Immunization Basic Course

Developed by the
Military Vaccine Agency
and the
Immunization/Allergy Specialty Course (ASI-Y8)
April 2006

Course Objectives

1. To familiarize you with immunization standards of care.
2. To identify ways your clinic can:

- achieve standards
- improve training
- assess competencies

3. To coach your injection technique.

With all this, you can improve patient care.

Have fun and learn!

Immunity Definitions

Immunity – protection against infection, ability of human body to recognize and eliminate foreign material (antigens)

Active immunity - protection against a foreign material (antigens), produced by a person's own immune system. Usually lasts for years or a lifetime.

Passive immunity - protection transferred from another person or animal as antibodies. Temporary protection that falls over a few months.

Definitions #2

- Antigen - a live or inactivated substance (protein or polysaccharide) that causes the body to make antibodies.

- Antibody - proteins (immune globulins) produced by plasma cells that attack and help destroy an antigen.

Passive vs. Active Immunity

Maternal Antibodies or immune globulins

- borrowed
- temporary *(weeks) (years)*
- used for treatment *(after exposure)*
- almost immediate

Natural Infection or vaccines

- own body builds
- prolonged effect
- used for prevention *(before exposure)*
- takes a few weeks

Definition of a Vaccine

vaccine *n.* (vak-SEEN) - Medication administered to trigger an immune response against a specific disease or infection

Immunology Basics

- **The more similar a vaccine is to the disease, the better the immune response.**

- **To produce an immune response, live attenuated vaccines must replicate in the vaccinated person.**

- **Antibodies can interfere with growth of MMR and varicella viruses, and reduce the immune response.**

- **Inactivated vaccines are not alive and do not replicate.**

Additional Definitions

Live, attenuated - a weakened form of the “wild” organism.

Inactivated - virus or bacteria killed or inactivated through heat or chemical process. Usually a subunit of the whole microbe.

Polysaccharide - long chains of sugar molecules from bacteria. Immune response doesn’t last as long as vaccines made with proteins.

Conjugated - polysaccharide and protein linked together, to improve immune response.

Toxoid - Inactivated bacterial toxin, a specific kind of vaccine.

Adjuvant – An extra ingredient to increase immune response. Example: aluminum hydroxide.

Mono-, bi-, tri-, polyvalent – Containing antigens against several kinds of microbes.

Why Do People Want to be Vaccinated?

Pertussis: video

Vaccine Facts

- **22 vaccine-preventable diseases**
- **Only 1 eradicated**
- **4 eliminated in the United States**
- **> 40,000 deaths in U.S. each year due to vaccine preventable diseases**
- **Measles kills over 1 million children worldwide every year**

Vaccine Preventable Diseases

video

Measles - Highly contagious, spread by droplets, characteristic high fever, centrifugal rash, Koplik spots in mouth, and throat and a cough.

Immunization Policies & Recommendations

DoD – Department of Defense

DHHS - Department of Health & Human Services

- CDC - Centers for Disease Control and Prevention

- ACIP - Advisory Committee on Immunization Practices

- NVAC - National Vaccine Advisory Committee

WHO - World Health Organization

+ Local Health Departments

Governing Regulation

Joint Regulation/Instruction

Immunizations and Chemoprophylaxis

AR 40–562

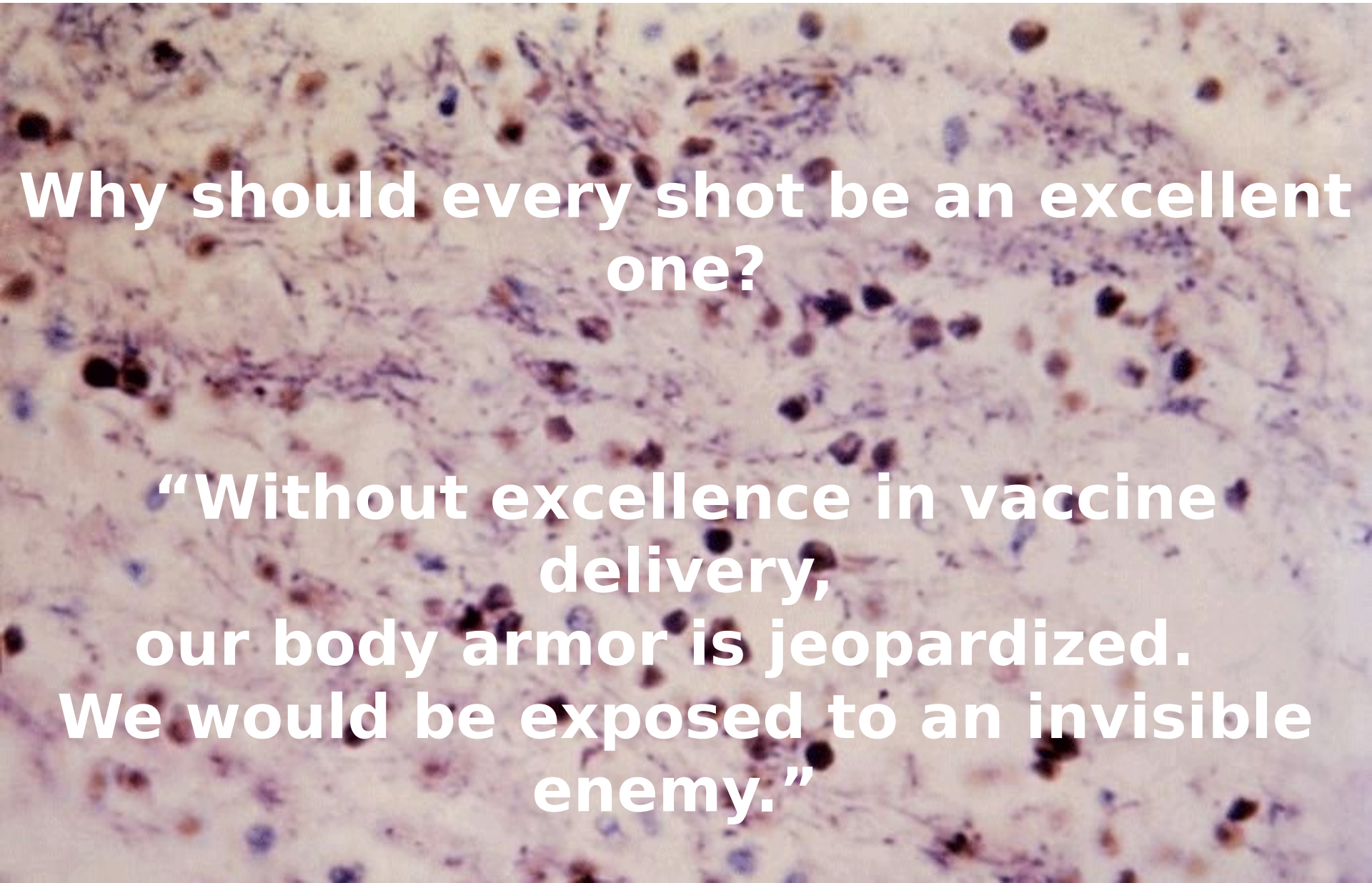
AFJI 48–110

BUMEDINST 6230.15

CG COMDTINST M6230.4E

Provides specific immunization requirements for Active and Reserve Component personnel

Vaccine-Preventable Diseases



Why should every shot be an excellent one?

“Without excellence in vaccine delivery,
our body armor is jeopardized.
We would be exposed to an invisible enemy.”

Making Every Shot an Excellent One

How do we ensure internal body armor is in place?

- Screen records
- Protect the vaccine
- Correct timing
- Follow standards

Making Every Shot an Excellent One

How do we gain the trust of those we care for?

Educate first

Listen

Inject correctly

Document it (give credit)

Be ready for emergencies

Follow up after immunization

Immunization Standards

It is DoD general policy to follow recommendations of CDC and ACIP concerning immunizations.

Standards for military immunization will appear in Appendix B of the revised Jt Imz Reg/Instruction.

1. Immunization Availability
2. Information and Education
3. Indications and contraindications
4. Storage and Handling
5. Training
6. Documentation
7. Adverse Events
8. Immunization Advocacy

Standards are presented throughout this program In different order

Immunization Availability (Std #1)

Make immunization services readily available to your customers

For example:

Joint Force Immunization Clinic

Hours:

Mon-Fri - 0800-1600 *
Weekends - 0800-1200 *

* Extended hours available by appointment

Vaccine Recommendations

- Adhere to ACIP recommended schedules

FIGURE. Recommended childhood and adolescent immunization schedule, by vaccine and age — United States, 2006

Vaccine ▼ / Age ▶	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4–6 years	11–12 years	13–14 years	15 years	16–18 years
Hepatitis B[1]	HepB	HepB		*HepB*[1]	HepB				HepB Series					
Diphtheria, Tetanus, Pertussis[2]			DTaP	DTaP	DTaP		DTaP			DTaP	Tdap	Tdap		
Haemophilus influenzae type b[3]			Hib	Hib	*Hib*[3]	Hib								
Inactivated Poliovirus			IPV	IPV	IPV					IPV				
Measles, Mumps, Rubella[4]						MMR				MMR	MMR			
Varicella[5]						Varicella				Varicella				
Meningococcal[6]							Vaccines within broken line are for selected populations				MCV4		MCV4	
									MPSV4			MCV4		
Pneumococcal[7]			PCV	PCV	PCV	PCV			PCV	PPV				
Influenza[8]					Influenza (yearly)				Influenza (yearly)					
Hepatitis A[9]						HepA series			HepA series					

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2005, for children through age 18 years. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Indicates age groups that warrant special effort to administer those vaccines not previously administered. Additional vaccines might be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult respective Advisory Committee on Immunization Practices (ACIP) statements for detailed recommendations. Clinically significant adverse events that follow vaccination should be reported through the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at http://www.vaers.hhs.gov or by telephone, 800-822-7967.

Range of recommended ages | Catch-up immunization | Assessment at age 11–12 years

Case #1 - Michael

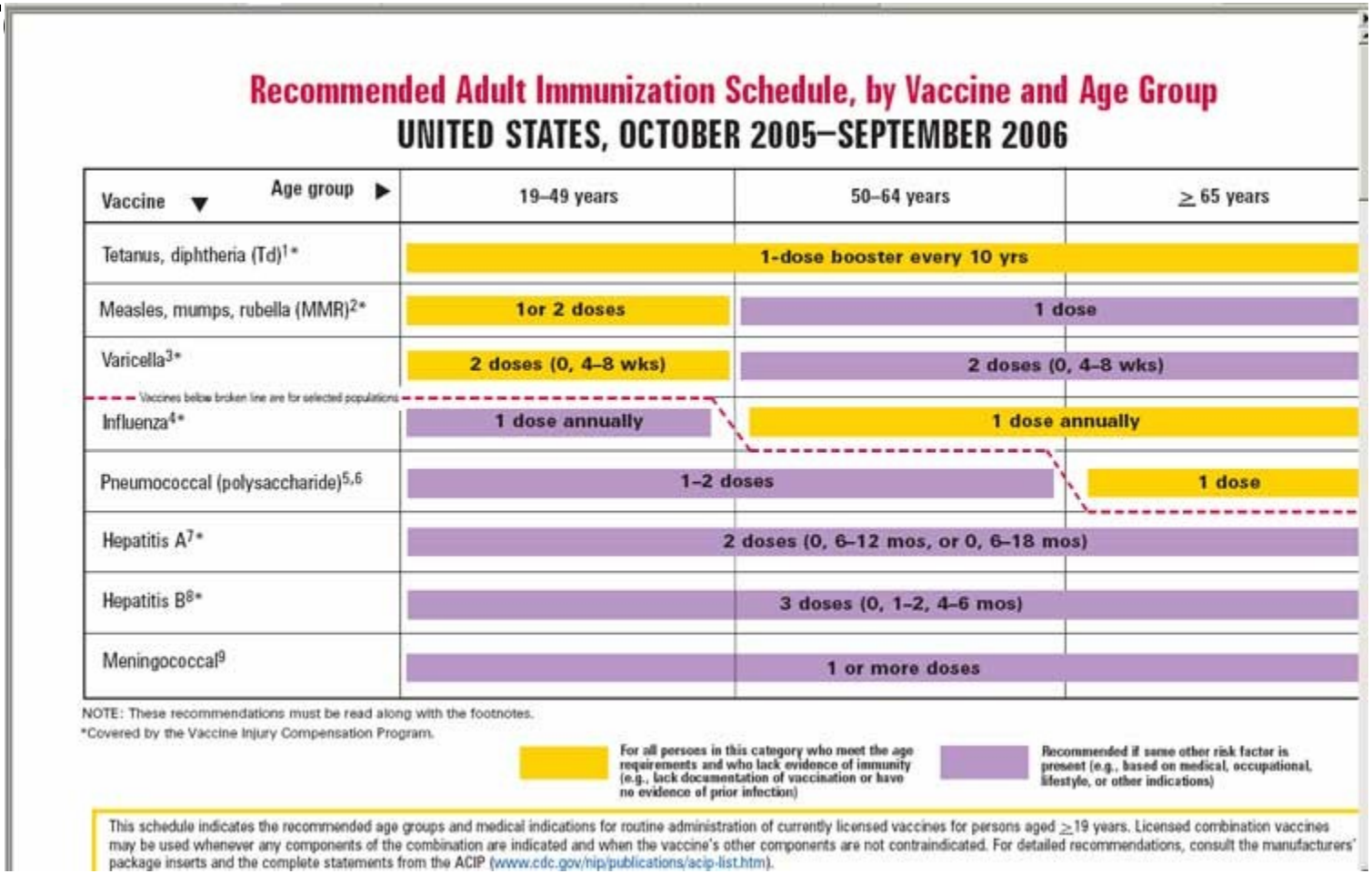
- 12-year-old entering 7th grade
- School nurse sends a letter to all 7th-grade students stating they will not be admitted to school unless immunizations are up to date.
- Michael's immunization records show he has had his primary series of DTaP (5 doses), Hib (3), IPV (4), MMR (2), and varicella (1).
- He has not had a pediatric visit in 5 years.

Case #1 - Michael

What vaccines does Michael need?

Vaccine Recommendations

- Adult Immunization Schedule by Age Gr



Recommended Adult Immunization Schedule, by Vaccine and Age Group
UNITED STATES, OCTOBER 2005–SEPTEMBER 2006

Vaccine ▼ Age group ▶	19–49 years	50–64 years	≥ 65 years
Tetanus, diphtheria (Td)[1]*	1-dose booster every 10 yrs		
Measles, mumps, rubella (MMR)[2]*	1or 2 doses	1 dose	
Varicella[3]*	2 doses (0, 4–8 wks)	2 doses (0, 4–8 wks)	
Vaccines below broken line are for selected populations			
Influenza[4]*	1 dose annually	1 dose annually	
Pneumococcal (polysaccharide)[5,6]	1–2 doses		1 dose
Hepatitis A[7]*	2 doses (0, 6–12 mos, or 0, 6–18 mos)		
Hepatitis B[8]*	3 doses (0, 1–2, 4–6 mos)		
Meningococcal[9]	1 or more doses		

NOTE: These recommendations must be read along with the footnotes.
*Covered by the Vaccine Injury Compensation Program.

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., based on medical, occupational, lifestyle, or other indications)

This schedule indicates the recommended age groups and medical indications for routine administration of currently licensed vaccines for persons aged ≥19 years. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations, consult the manufacturers' package inserts and the complete statements from the ACIP (www.cdc.gov/nip/publications/acip-list.htm).

Adult Immunization Schedule

www.cdc.gov/nip/recs/adult-schedule.pdf

Routine (including Basic Training)

- Hepatitis A - 2 doses (day 0, 6 months)
- Hepatitis B - 3 doses (day 0, 1 month, 6 months)
- Influenza - annual
- Tetanus-diphtheria-(pertussis)- every 10 years throughout life
- Varicella - 2 doses, 1 month apart (unless titer or illness)

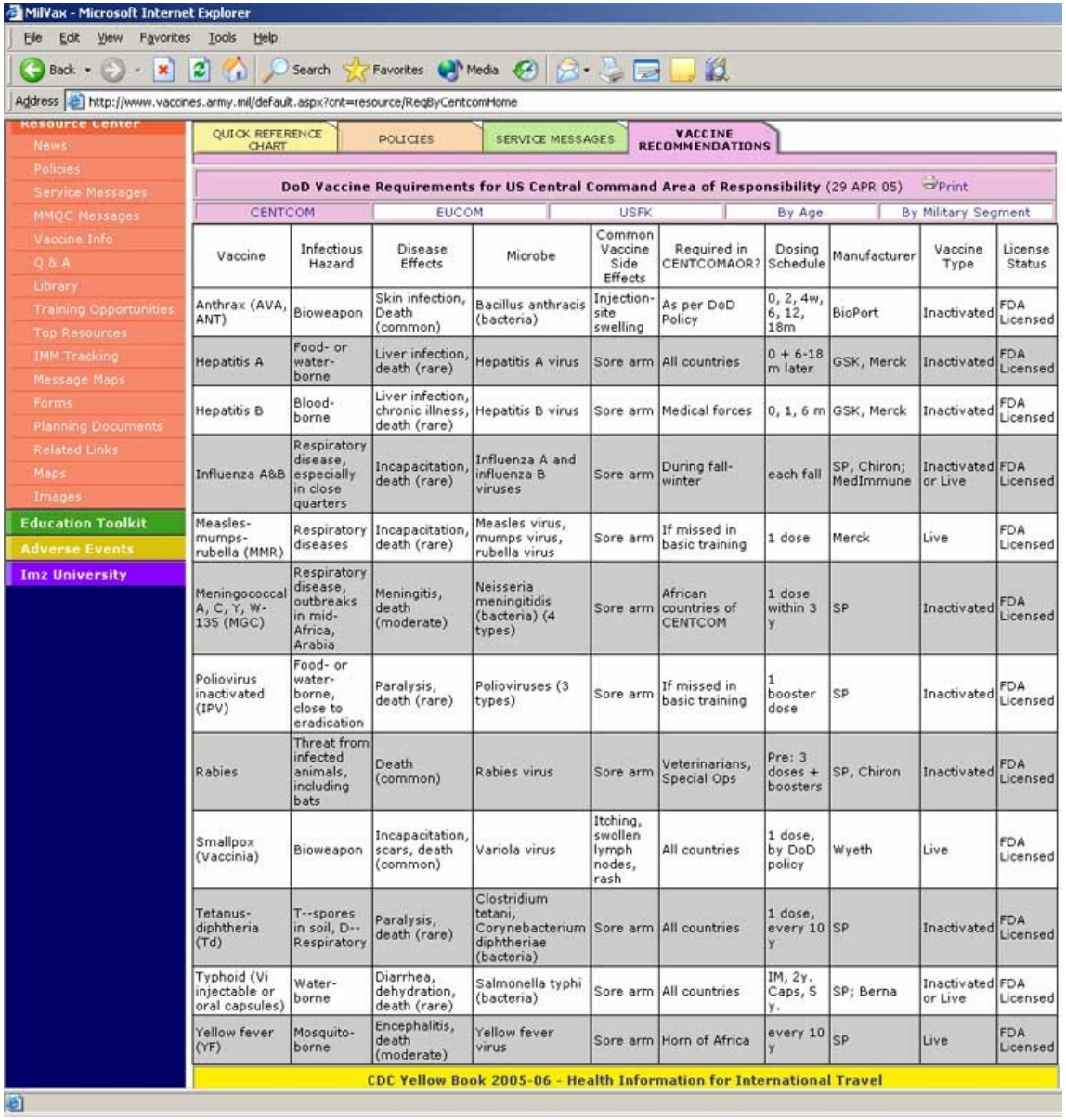
Specific to Basic Training (after basic training, assume given)

- MMR - 1 dose
- Meningococcal - 1 dose
- Polio - 1 dose

Travel (check detailed reference books)

- Typhoid – capsules or injection
- Yellow fever – once and at 10-year intervals, if still at risk
- Rabies – selected destinations, plus veterinary occupations
- Japanese Encephalitis - 3 doses (day 0, 1 week, 3 weeks) and at 3-year intervals, if still at risk
- Anthrax and Smallpox – according to DoD policy

DoD Recommendations



Vaccine	Infectious Hazard	Disease Effects	Microbe	Common Vaccine Side Effects	Required in CENTCOMAOR?	Dosing Schedule	Manufacturer	Vaccine Type	License Status
Anthrax (AVA, ANT)	Bioweapon	Skin infection, Death (common)	Bacillus anthracis (bacteria)	Injection-site swelling	As per DoD Policy	0, 2, 4w, 6, 12, 18m	BioPort	Inactivated	FDA Licensed
Hepatitis A	Food- or water-borne	Liver infection, death (rare)	Hepatitis A virus	Sore arm	All countries	0 + 6-18 m later	GSK, Merck	Inactivated	FDA Licensed
Hepatitis B	Blood-borne	Liver infection, chronic illness, death (rare)	Hepatitis B virus	Sore arm	Medical forces	0, 1, 6 m	GSK, Merck	Inactivated	FDA Licensed
Influenza A&B	Respiratory disease, especially in close quarters	Incapacitation, death (rare)	Influenza A and influenza B viruses	Sore arm	During fall-winter	each fall	SP, Chiron; MedImmune	Inactivated or Live	FDA Licensed
Measles-mumps-rubella (MMR)	Respiratory diseases	Incapacitation, death (rare)	Measles virus, mumps virus, rubella virus	Sore arm	If missed in basic training	1 dose	Merck	Live	FDA Licensed
Meningococcal A, C, Y, W-135 (MGC)	Respiratory disease, outbreaks in mid-Africa, Arabia	Meningitis, death (moderate)	Neisseria meningitidis (bacteria) (4 types)	Sore arm	African countries of CENTCOM	1 dose within 3 y	SP	Inactivated	FDA Licensed
Poliovirus inactivated (IPV)	Food- or water-borne, close to eradication	Paralysis, death (rare)	Polioviruses (3 types)	Sore arm	If missed in basic training	1 booster dose	SP	Inactivated	FDA Licensed
Rabies	Threat from infected animals, including bats	Death (common)	Rabies virus	Sore arm	Veterinarians, Special Ops	Pre: 3 doses + boosters	SP, Chiron	Inactivated	FDA Licensed
Smallpox (Vaccinia)	Bioweapon	Incapacitation, scars, death (common)	Variola virus	Itching, swollen lymph nodes, rash	All countries	1 dose, by DoD policy	Wyeth	Live	FDA Licensed
Tetanus-diphtheria (Td)	T--spores in soil, D--Respiratory	Paralysis, death (rare)	Clostridium tetani, Corynebacterium diphtheriae (bacteria)	Sore arm	All countries	1 dose, every 10 y	SP	Inactivated	FDA Licensed
Typhoid (Vi injectable or oral capsules)	Water-borne	Diarrhea, dehydration, death (rare)	Salmonella typhi (bacteria)	Sore arm	All countries	IM, 2y. Caps, 5 y.	SP; Berna	Inactivated or Live	FDA Licensed
Yellow fever (YF)	Mosquito-borne	Encephalitis, death (moderate)	Yellow fever virus	Sore arm	Horn of Africa	every 10 y	SP	Live	FDA Licensed

Screening Records

** Immunization Summary Record **					
Immunizations	IMM DATE	IMM Next Due	Shot Number or Reaction	Exception	Exception Expiration
ADENOVIRUS, TYPE 4	1/24/1992	SC			
ADENOVIRUS, TYPE 7	1/24/1992	SC			
*HEP B, ADULT	8/29/1998	1/26/1999	02		
HEP A, ADULT	3/10/2003	SC			
*INFLUENZA SPLIT	10/15/2003	9/1/2004	01		
RESPIRATORY SYNCYTIAL VIRUS	1/24/1992	SC			
MENINGOCOCCAL	3/10/2003	3/8/2008	02		
POLIO, IPV	3/10/2003	SC			
RUBELLA	1/24/1992	SC			
SMALLPOX	3/10/2003	3/7/2013	NONE		
TETANUS AND DIPHTHERIA, ADULT	1/8/2001	1/6/2011	01		
*TYPHOID, ViCPs	6/2/2002	6/1/2004	01		

Indications & Contraindications (Std #4)

Indications	Contraindications
Age	Age
Occupation	Pregnancy
Travel to endemic area	Immune suppression
Series continuation	Live vaccines in past 28 days
Booster dose	Recent blood products
Pregnancy	Allergy
Certain chronic diseases	Certain diseases

* *Both columns are oversimplified !*

Indications and Contraindications

1. **Do you have any food or medication allergies?** What happened?
2. **Have you ever had a reaction to ar immunization?** What happened?
3. **Do you have any questions about t immunization(s) you are about to receive?**

Have you read the Vaccine Information Statement?

4. **Could you be pregnant?** Was your Last Menstrual Period normal and on time?
5. **Do you have any health problems?**
6. **Have you received any blood products in the past 3 to 11 months?** Refer to provider if answer is yes
7. **How do you feel today?**

Case #2 - Jodi Honor

You have pre-screened a soldier's records and indicated that she is missing a Hep B shot. The soldier works in mortuary affairs.

During education, you discover she disagrees with the need for vaccination and says the series was completed.

What should you do?

Clinic Preparation Review

1. Pre-screen records (standard #8).
2. Gather necessary supplies.
3. Complete emergency equipment and personnel checks.
4. Complete vaccine quality checks.
   - stored at proper temperatures continuously
   - time and date of opening documented on vial
   - within expiration date
   - color or sediment (if any) as manufacturer describes in Package Insert.
5. Review screening and immunization techniques with clinic staff.

Timing & Spacing of Doses

- Stick as close to the recommended schedule as possible.

- Don’t start over! It is not necessary to repeat a series or give additional doses if a dose is delayed
    - Exception: oral typhoid capsules.

- Don’t delay on purpose. Procrastinating delays protection.

- Don’t compress! The body can’t get ready for the next dose if you give it too soon.

- If you have to choose between “too soon” and “after due,” the right answer is probably “give it later (not

Drug Interactions

- You can give multiple vaccines at the same time.
  - Exception: separate varicella and smallpox by 28 days
- Live virus vaccines: simultaneous or 28 days apart
- Inactivated and live: simultaneous or any interval
- 2+ inactivated vaccines: simultaneous or any interval

- To minimize patient discomfort, maximum 5 injections per day.
  - Exception: As authorized by experienced provider

- Tuberculin and live vaccines: 3 timing options
  - Give PPD and live vaccines on same day.
  - Apply PPD first, then live vaccines when skin test is

Storage and Handling (Std #3)

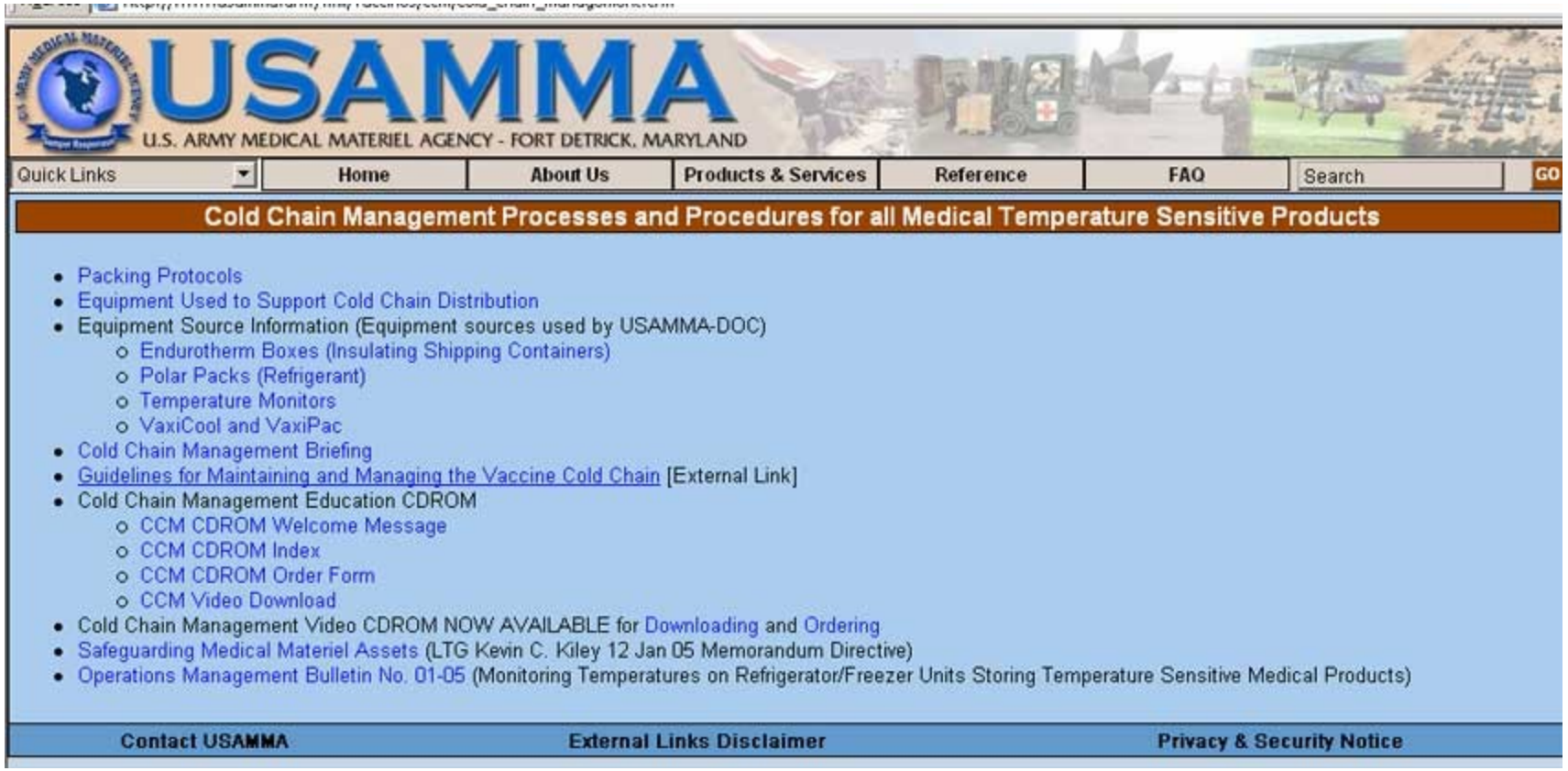
Storage and Handling Pre-test

1. The temperature for a refrigerator and freezer should be recorded once a day. T/F
2. The acceptable temperature range for a refrigerator is 2-8°C, for a freezer is -5°C. T/F
3. After smallpox vaccine is reconstituted, when does it expire? Yellow fever? Varicella?
4. Where is the best place to get detailed information about storage and handling of a vaccine?

   (other than MILVAX website)
5. Initial cold-chain training should be part of orientation. Refresher training should be conducted every 6 months. T/F

Storage and Handling

ww.cdc.gov/nip/publications/default.htm#Vide


USAMMA
U.S. ARMY MEDICAL MATERIEL AGENCY - FORT DETRICK, MARYLAND
Quick Links
Home
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Cold Chain Management Processes and Procedures for all Medical Temperature Sensitive Products
Packing Protocols
Equipment Used to Support Cold Chain Distribution
Equipment Source Information (Equipment sources used by USAMMA-DOC)
Endurotherm Boxes (Insulating Shipping Containers)
Polar Packs (Refrigerant)
Temperature Monitors
VaxiCool and VaxiPac
Cold Chain Management Briefing
Guidelines for Maintaining and Managing the Vaccine Cold Chain [External Link]
Cold Chain Management Education CDROM
CCM CDROM Welcome Message
CCM CDROM Index
CCM CDROM Order Form
CCM Video Download
Cold Chain Management Video CDROM NOW AVAILABLE for Downloading and Ordering
Safeguarding Medical Materiel Assets (LTG Kevin C. Kiley 12 Jan 05 Memorandum Directive)
Operations Management Bulletin No. 01-05 (Monitoring Temperatures on Refrigerator/Freezer Units Storing Temperature Sensitive Medical Products)
Contact USAMMA
External Links Disclaimer
Privacy & Security Notice

USAMMA Cold-Chain Management Video

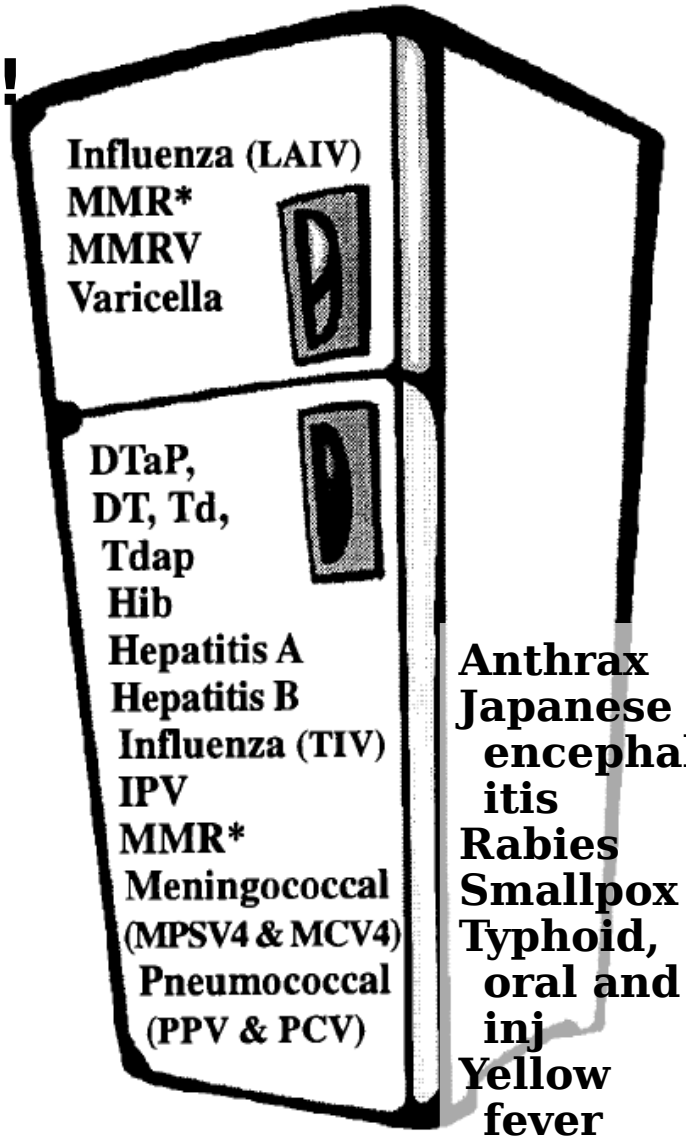
www.usamma.army.mil/vaccines/ccm/cold_chain_management.cfm

Storage and Handling

Outdated or improperly stored vaccines don't protect patients!

Maintain freezer temperature at 5°F (-15°C) or colder

Maintain refrigerator temperature at 35–46°F (2–8°C)

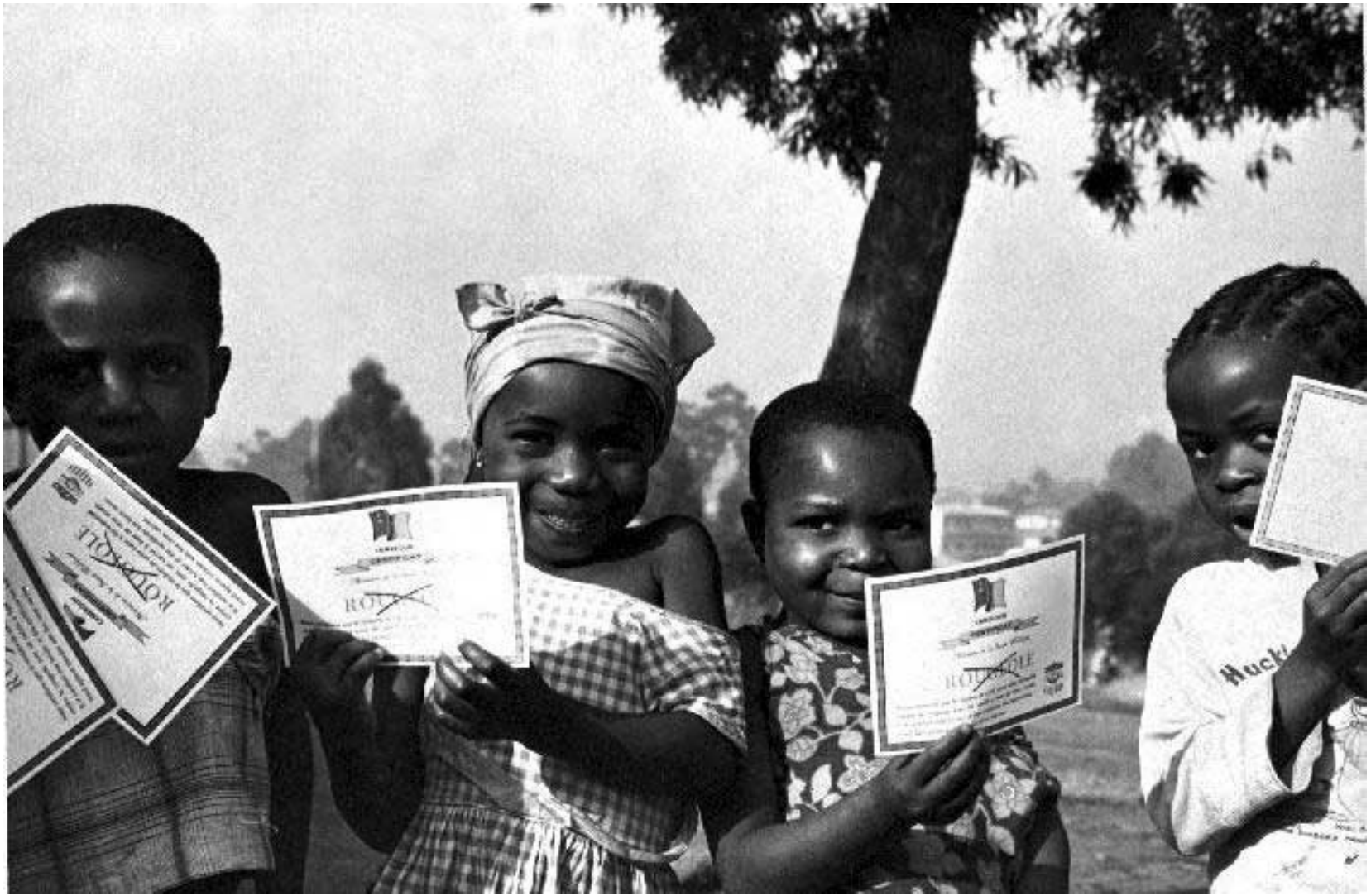


*follow manufacturer's instructions

Keep Your Part of the Cold Chain

1. Keep refrigerator temperature between 36–46°F (2–8°C).
2. Keep a thermometer in the refrigerator and one in the freezer.
3. Stores vaccines in the middle of the refrigerator or freezer, NOT in the door.
4. Keep containers of water in refrigerator as a buffer, to help maintain cold temperature if power goes out, or if doors opened repeatedly.
5. Keep the temperature in the freezer at +5°F (-15°C) or colder.
6. Ice packs and similar containers in the freezer act as a temperature buffer.
7. Rotate vaccine inventory so newest vaccine of each type is placed behind vaccine with shorter (sooner) expiration date.
8. Post temperature log on each door. Record refrigerator and freezer temperatures twice a day—
    1. First thing in the morning
    2. At clinic closing time
9. Post who to call if temperature goes out of range.

Break



Information and Education (Std #2)

- People are more informed nowadays, involved in own healthcare
- Want to be able to make informed decisions
- Deserve to be able to understand risks of disease versus benefits of vaccine
- Right to know:
  - what normal reactions to expect
  - who to contact if symptoms linger

Information and Education

Legal requirements for Vaccine Information Statements (VISs):

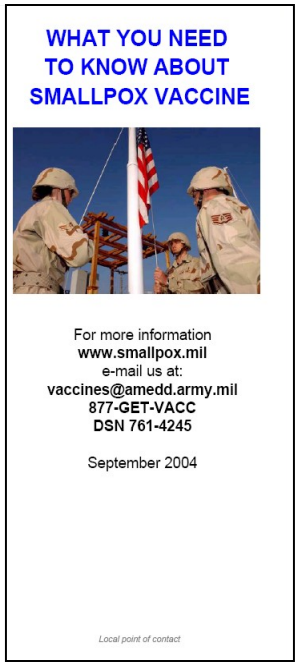
- Before a vaccine is administered to anyone (all children and all adults), you must provide a copy of the most current VIS available for that vaccine.

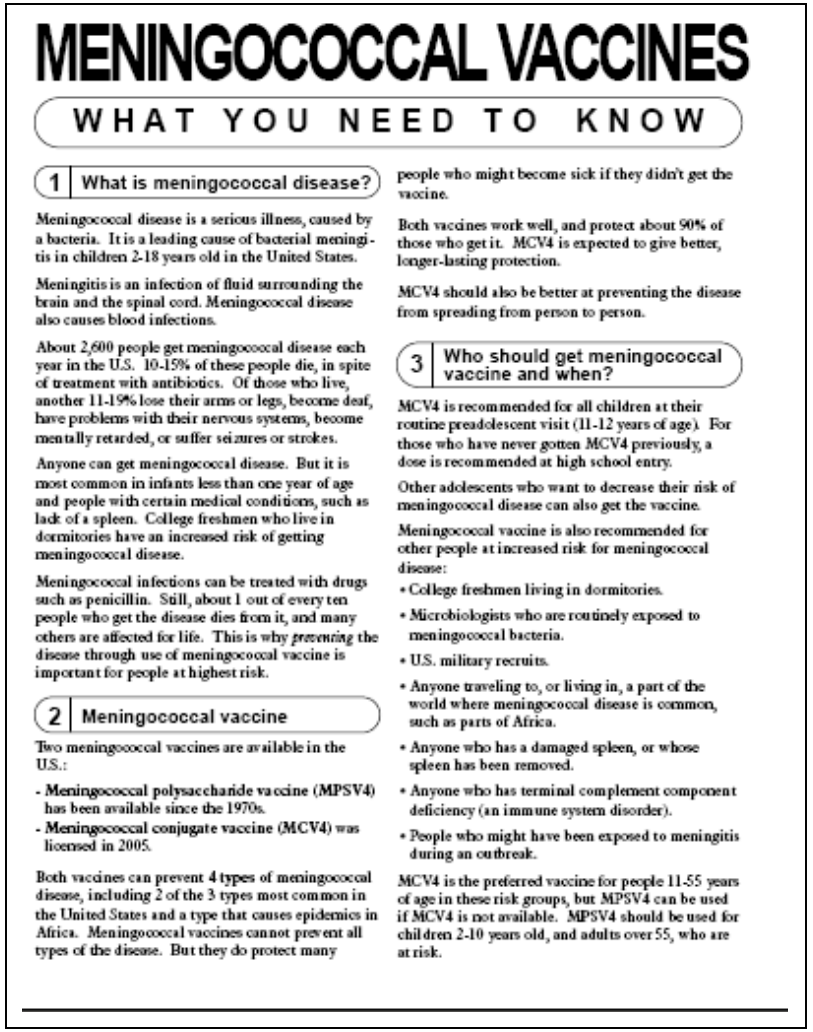
- You must record in patient's chart the VIS version date (at bottom of the VIS).

- If patient doesn’t speak English, use translated VISs at www.immunize.org/catg.d/noneng.htm.

Immunization Information Resources

Vaccine Information Statements (VISs)
DoD tri-fold brochures
DoD standard briefings
www.vaccines.mil
Package Inserts
Manufacturer websites





MENINGOCOCCAL VACCINES

WHAT YOU NEED TO KNOW

1 What is meningococcal disease?

Meningococcal disease is a serious illness, caused by a bacteria. It is a leading cause of bacterial meningitis in children 2-18 years old in the United States.

Meningitis is an infection of fluid surrounding the brain and the spinal cord. Meningococcal disease also causes blood infections.

About 2,600 people get meningococcal disease each year in the U.S. 10-15% of these people die, in spite of treatment with antibiotics. Of those who live, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people with certain medical conditions, such as lack of a spleen. College freshmen who live in dormitories have an increased risk of getting meningococcal disease.

Meningococcal infections can be treated with drugs such as penicillin. Still, about 1 out of every ten people who get the disease dies from it, and many others are affected for life. This is why *preventing* the disease through use of meningococcal vaccine is important for people at highest risk.

2 Meningococcal vaccine

Two meningococcal vaccines are available in the U.S.:

- **Meningococcal polysaccharide vaccine (MPSV4)** has been available since the 1970s.
- **Meningococcal conjugate vaccine (MCV4)** was licensed in 2005.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. Meningococcal vaccines cannot prevent all types of the disease. But they do protect many people who might become sick if they didn't get the vaccine.

Both vaccines work well, and protect about 90% of those who get it. MCV4 is expected to give better, longer-lasting protection.

MCV4 should also be better at preventing the disease from spreading from person to person.

3 Who should get meningococcal vaccine and when?

MCV4 is recommended for all children at their routine preadolescent visit (11-12 years of age). For those who have never gotten MCV4 previously, a dose is recommended at high school entry.

Other adolescents who want to decrease their risk of meningococcal disease can also get the vaccine.

Meningococcal vaccine is also recommended for other people at increased risk for meningococcal disease:

- College freshmen living in dormitories.
- Microbiologists who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has terminal complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.

MCV4 is the preferred vaccine for people 11-55 years of age in these risk groups, but MPSV4 can be used if MCV4 is not available. MPSV4 should be used for children 2-10 years old, and adults over 55, who are at risk.

Staff Training (Std #6)

- Training before working in immunization clinic
- Must have training in
  - storage and handling
  - screening for indications and contraindications
  - injection technique,
  - handling of adverse events
- Refresher training at least 8 hours annually
- Immunization resources readily available/attainable

Share Experiences

- Where do you work?
- Immunization experiences have you had.
- What were the tough situations you faced?

Before You Immunize

Scenario #3

Situation: You are assigned to a Soldier Readiness Processing center (mobility line, deployment preparation)

The staff is unfamiliar with immunization schedules.

What should they do?

Before You Immunize

SOPs and Standing Orders

Format:

- **References** – helpful documents related to the subject
- **Purpose** – why the document is written
- **Scope** – personnel the SOP applies to
- **Responsibilities** - defines who is supposed to do what
- **Procedures** – step-by-step descriptions of how to complete task(s)

See www.vaccines.mil/ImzU for model SOPs

Before You Immunize

5 Rights of Medication Administration:

1.
2.
3.
4.
5.

Quiz

True	False	
❑	❑	1. Mild illness is a reason to withhold vaccination.
❑	❑	2. If a mother is breastfeeding, she shouldn't be vaccinated.
❑	❑	3. A child's temperature should be checked routinely before vaccinations are administered.
❑	❑	4. A pregnancy test should be performed routinely for adolescent females before giving them MMR or varicella vaccines.
❑	❑	5. If there is an immunosuppressed child in the household, siblings should be given MMR and varicella vaccines.
❑	❑	6. If the first dose of hepatitis B vaccine was given more than one year ago, and no subsequent doses were given, you should repeat the first dose.
❑	❑	7. MMR and varicella vaccines can be given to a child whose mother is pregnant.
❑	❑	8. When a person has an injury and needs protection against tetanus, tetanus and diphtheria toxoids (Td) should be used instead of tetanus toxoid (Tt).
❑	❑	9. All health careworkers who have contact with patients and who have no contraindications should receive influenza vaccine every year.

Subcutaneous Injection Technique

After cleansing with an antiseptic solution, pinch the skin, creating a bulge.

Insert the needle at a 45 degree angle.

Aspirate before injecting.

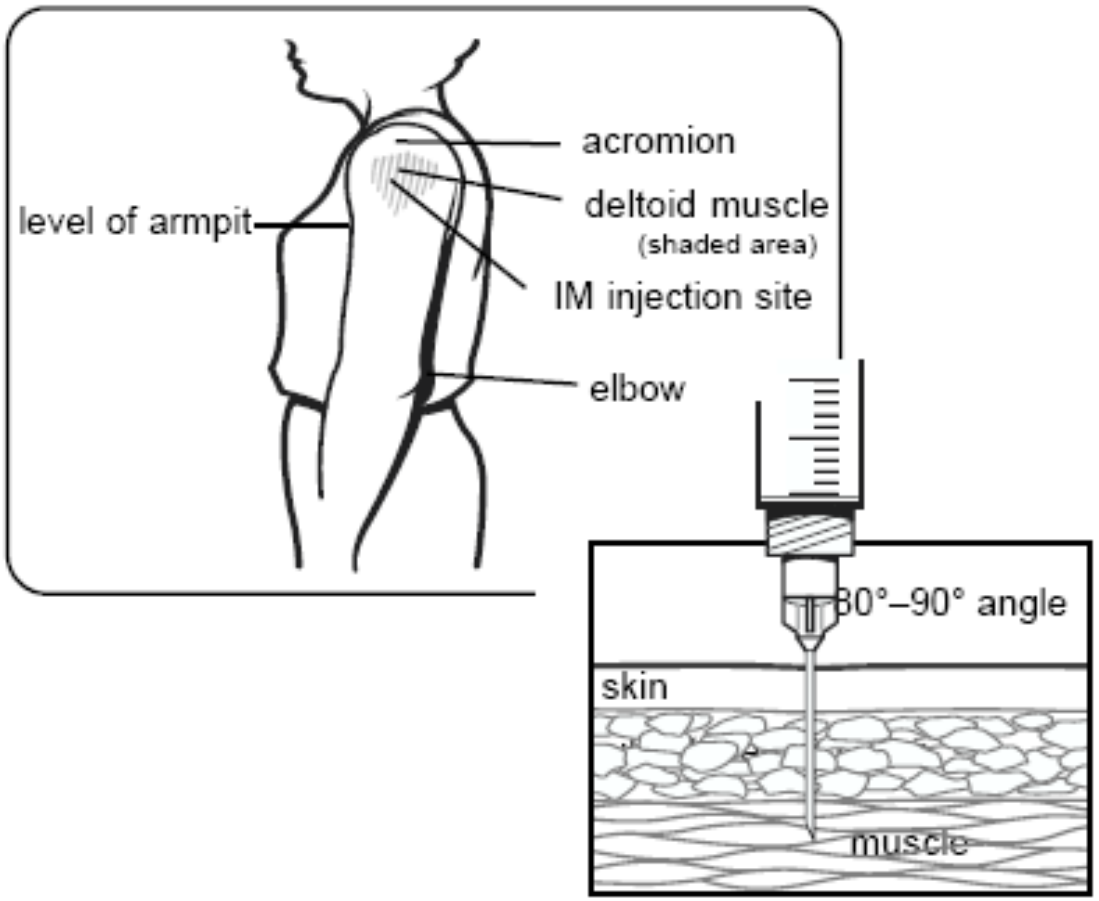
1. Pinch fatty tissue of arm with thumb + forefinger, create bulge.
2. Direct needle at 45-degree angle, through skin, into SC space.
3. Insert needle smoothly and rapidly, to minimize discomfort.
4. Remove needle and dispose.
5. Massage the site of injection.

Intramuscular Injection Technique

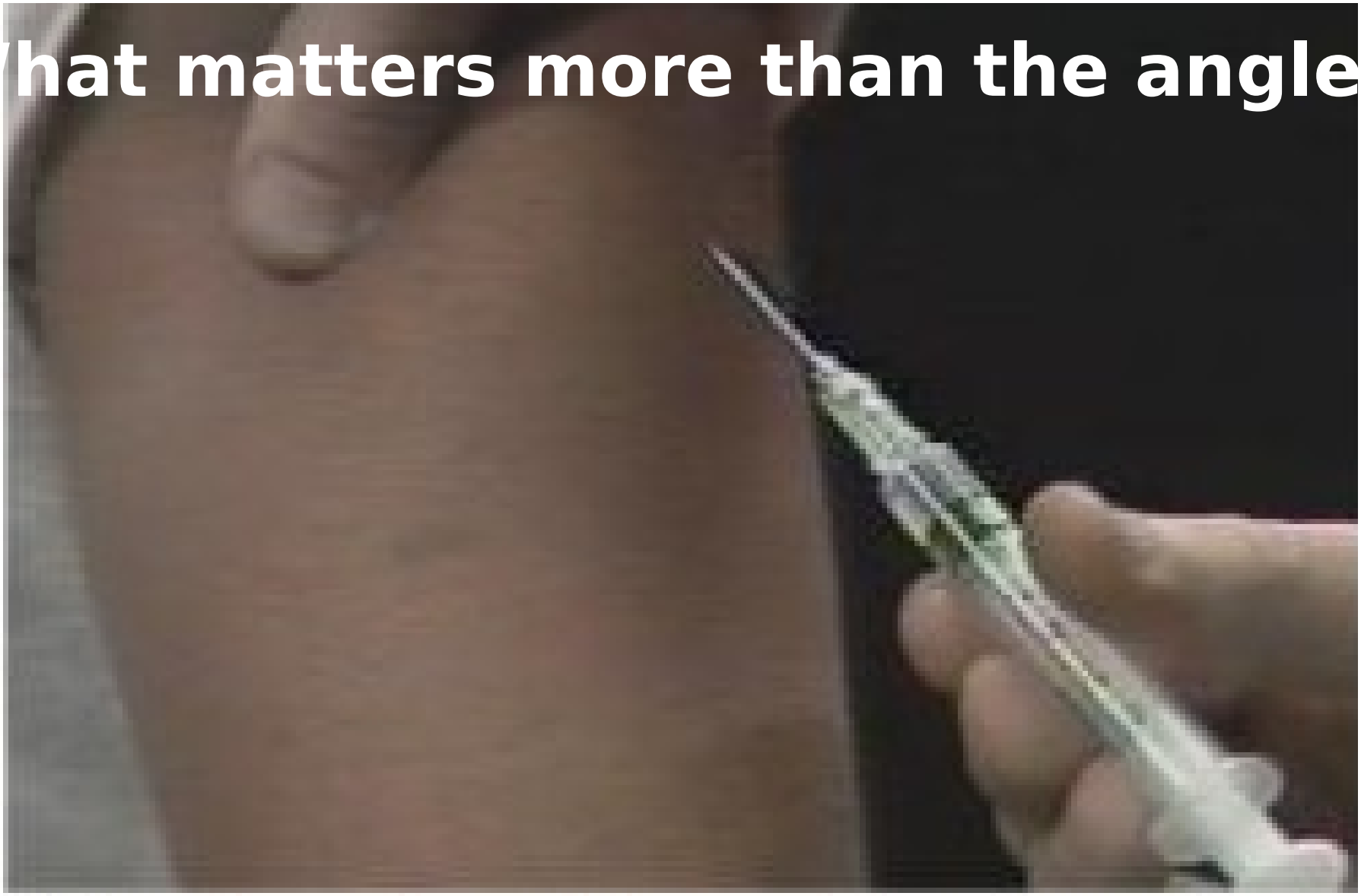
1. What muscles are usually selected for IM injection?

2. What length + ga
needle is generally
used for an adult?

3. At what angle is
needle inserted
for IM injection?



Injection Techniques

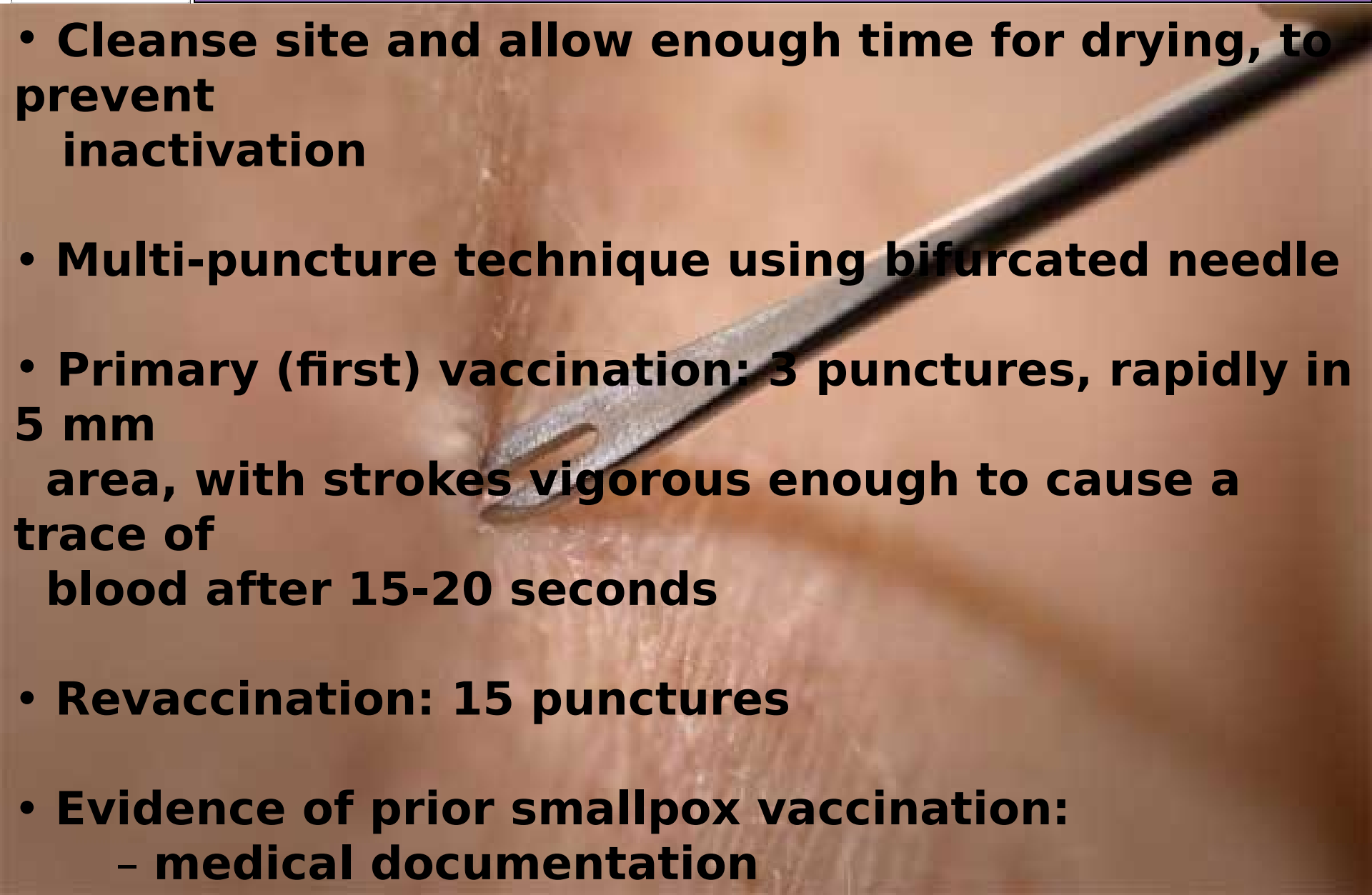


Injection Techniques

Recommendations for IM Injections

Age	Site	Length	Gauge
Infants	Thigh	5/8-1”	22-23
Older child	Deltoid	5/8-1”	22-25
	Thigh	7/8-1”	22-25
Adult men	Deltoid	1-1.5”	20-25
Women < 60kg	Deltoid	1-1.5”	20-25
Women 60 to 90 kg	Deltoid	1-1.5”	20-25
Women > 90kg	Deltoid	1-1.5”	20-25
Obese men and women	Deltoid	Consider 2”	20-25

Scarification Technique



- Cleanse site and allow enough time for drying, to prevent inactivation

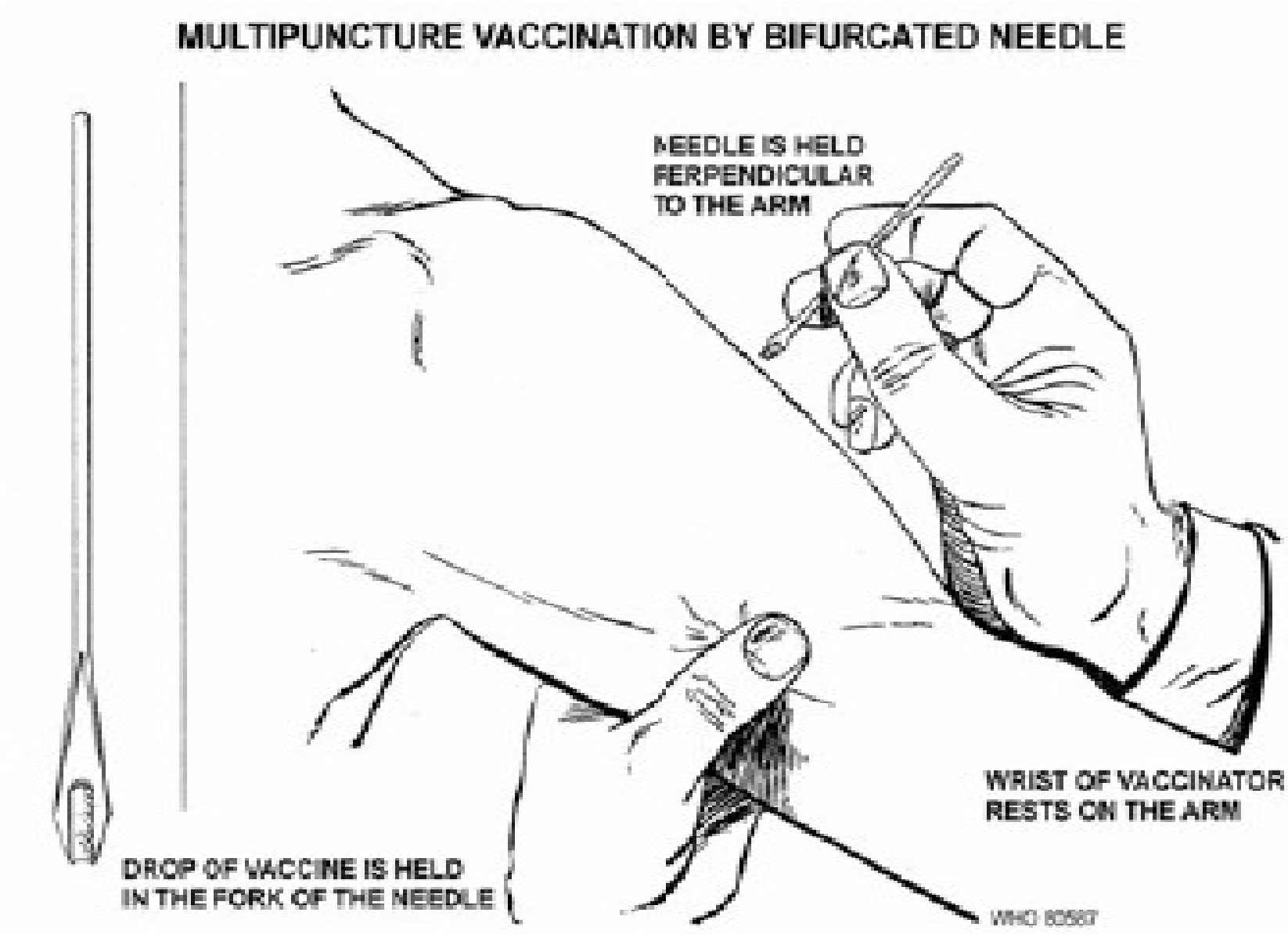
- Multi-puncture technique using bifurcated needle

- Primary (first) vaccination: 3 punctures, rapidly in 5 mm area, with strokes vigorous enough to cause a trace of blood after 15-20 seconds

- Revaccination: 15 punctures

- Evidence of prior smallpox vaccination:
  - medical documentation

Scarification


MULTIPUNCTURE VACCINATION BY BIFURCATED NEEDLE
NEEDLE IS HELD PERPENDICULAR TO THE ARM
WRIST OF VACCINATOR RESTS ON THE ARM
DROP OF VACCINE IS HELD IN THE FORK OF THE NEEDLE
WHO 80567

Special Smallpox Vaccine Issues

- Definition of non-take – vs. – major reaction (procedures for no-takes)
- Bandage application and removal techniques

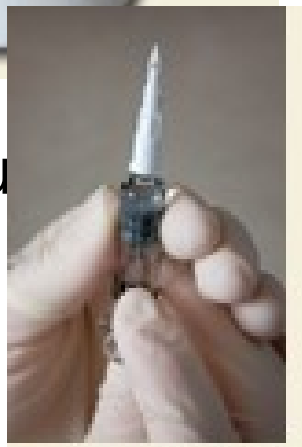
Day 10 major reaction primary vaccinee

Day 10 major reaction re-vaccinee

"Non-take"

Reconstitution of Smallpox Vaccine

Release vacuum seal
Warm diluent cartridge in hand
Attach vented needle to diluent syringe
Remove air from diluent syringe
Deliver entire volume of diluent into the vial
Allow vaccine to stand undisturbed for 3-5 minu
Record date of reconstitution
Store at 2-8°C (36-46°F)
Discard after 90 days



Intra-dermal Injection Techniques

1. Stretch skin surface
2. Insert tip of needle (bevel up) almost parallel to skin surface.
3. Slowly inject medication into uppermost layer of skin (you should feel resistance).
4. A raised papule should appear immediately.
5. If no papule develops, repeat procedure in opposite arm.

Infection Control Basics:

- Wash your hands frequently and between patients; use anti-bacterials such as Calstat® when unable to wash hands
- Never recap a needle
- Dispose of all needles and vials in a sharps container
- Dispose of all materials used in delivery of live vaccines in biohazard containers

* Follow local infection-control policies.

alliance
An OSHA Cooperative Program

Safety and Health Topics

Bloodborne Pathogens and Needlestick Prevention

Workers in many different occupations are at risk of exposure to bloodborne pathogens, including Hepatitis B, Hepatitis C, and HIV/AIDS. First aid team members, housekeeping personnel in some settings, and nurses are examples of workers who may be at risk of exposure. In 1991, OSHA issued the Bloodborne Pathogens Standard to protect workers from this risk. In 2001, in response to the Needlestick Safety and Prevention Act, OSHA revised the Bloodborne Pathogens Standard, 29 CFR 1910.1030. The revised standard clarifies the need for employers to select safer needle devices and to involve employees in identifying and choosing these devices. The updated standard also requires employers to maintain a log of injuries from contaminated sharps.

This page is maintained as a product of the Alliance between OSHA's Office of Occupational Health Nursing (OOHN), OSHA's Office of Occupational Medicine (OOM), and the American Biological Safety Association (ABSA).

The following questions link to information relevant to bloodborne pathogens and needlestick prevention in the workplace.

In Focus

If you are stuck by a needle or other sharp or get blood in your eyes, nose, mouth, or on broken skin:

1. Immediately flood the exposed area with water and clean any wound with soap and water or a skin disinfectant if available.
2. Report this immediately to your employer.
3. Seek immediate medical attention.

Guidelines for post-exposure follow-up:

- Updated U.S. Public Health Service Guidelines...Post-exposure Prophylaxis
- Updated U.S. Public Health Service Guidelines ... Recommendations for Postexposure Prophylaxis.

What OSHA standards apply?
Standards | Preambles to Final Rules | Directives | Standard Interpretations

How do I recognize bloodborne pathogens hazards?
Bloodborne Pathogens | Needlestick

What are some examples of possible solutions for workplace hazards?
Control Programs | Safer Needle Devices | Decontamination

Safety and Health Topics

Bloodborne Pathogens and Needlestick Prevention
- OSHA Standards
- Hazard Recognition
- Possible Solutions
- Post-exposure Evaluation
- Additional Information
- Credits

Related Safety and Health Topics
- Dentistry
- Healthcare Facilities
- Medical and First Aid

Content Reviewed 07/25/2005

Do not pre-draw vaccine

Do not pre-draw, unless each syringe is labeled with:

- vaccine name
- lot #
- dose
- time drawn up

(expire 24 hours later if kept refrigerated)
(must be discarded at end of day)

To avoid mix-ups, do not predraw if more than one vaccine will be given.

Quiz

True	False	
☐	☐	1. Subcutaneous (SC) injections are generally given perpendicular to the skin.
☐	☐	2. No vaccine should be injected unless epinephrine is immediately available.
☐	☐	3. The recommended needle size for an adult intramuscular (IM) injection is 1–1½ inches.
☐	☐	4. Never recap or clip needles prior to disposal.
☐	☐	5. If both hepatitis A and B vaccines are indicated, it is acceptable to mix two vaccines together in one syringe.
☐	☐	6. MMR and varicella vaccines are both given subcutaneously.
☐	☐	7. A new needle and syringe must be used for each vaccination.
☐	☐	8. IM injections should be inserted at an 80° to 90° angle to the skin.
☐	☐	9. The proper needle length for an SC injection in a child or adult is 5/8–3/4 inch.
☐	☐	10. The vastus lateralis (lateral thigh) is the muscle of choice for administering an IM injection to a child less than 12 months of age.
☐	☐	11. When more than two IM vaccines are given to an infant at one visit, the gluteal (buttock) muscle may be used.
☐	☐	12. The vaccination record card does not need to be given to the parent until the infant's vaccinations are completed.

Adverse Events (Std #7)

Scenario #4

Handling of Adverse Events

1. Handle immediate emergency per BLS protocols and local SOP (IAC protocol at www.immunize.org/catg.d/p3082.pdf)

2. Use DoD Clinical Guidelines for Managing Adverse Events After Immunization (or other service guidelines) for referrals and follow up care instructions.

See www.vaccines.mil/documents/564acg040909.pdf

3. Submit VAERS form
4. Give temporary exemption
5. Give indefinite exemption, if warranted
6. Contact the Vaccine Healthcare Center for referrals and case management assistance

To consult with a vaccine clinical expert:
Call 202-782-0411, DSN 662-0411
Or go to: https://ASKVHC.wramc.amedd.army.mil

Be Prepared!

- Emergency meds and equipment
  - EpiPen, EpiPen Jr., epinephrine 1:1000 ampules
  - Diphenhydramine (Benadryl)
    - 50 mg/ml injection, 25 or 50 mg capsules
  - Pocket mask, airways
  - Equipment for IV access
  - Communication equipment to notify physician and staff of emergency
  - BP cuff, stethoscope
  - Oxygen

Handling of Adverse Events

www.vaers.hhs.gov/

VACCINE ADVERSE EVENT REPORTING SYSTEM
24 Hour Toll-Free Information 1-800-822-7967
P.O. Box 1100, Rockville, MD 20849-1100
PATIENT IDENTITY KEPT CONFIDENTIAL

VAERS

For CDC/FDA Use Only
VAERS Number _____
Date Received _____

Patient Name:
Last First M.I.
Address
City State Zip
Telephone no. (____) _____

Vaccine administered by (Name):
Responsible Physician _____
Facility Name/Address
City State Zip
Telephone no. (____) _____

Form completed by (Name):
Relation to Patient ☐ Vaccine Provider ☐ Patient/Parent ☐ Manufacturer ☐ Other
Address *(if different from patient or provider)*
City State Zip
Telephone no. (____) _____

1. State | 2. County where administered | 3. Date of birth mm / dd / yy | 4. Patient age | 5. Sex ☐M ☐F | 6. Date form completed mm / dd / yy

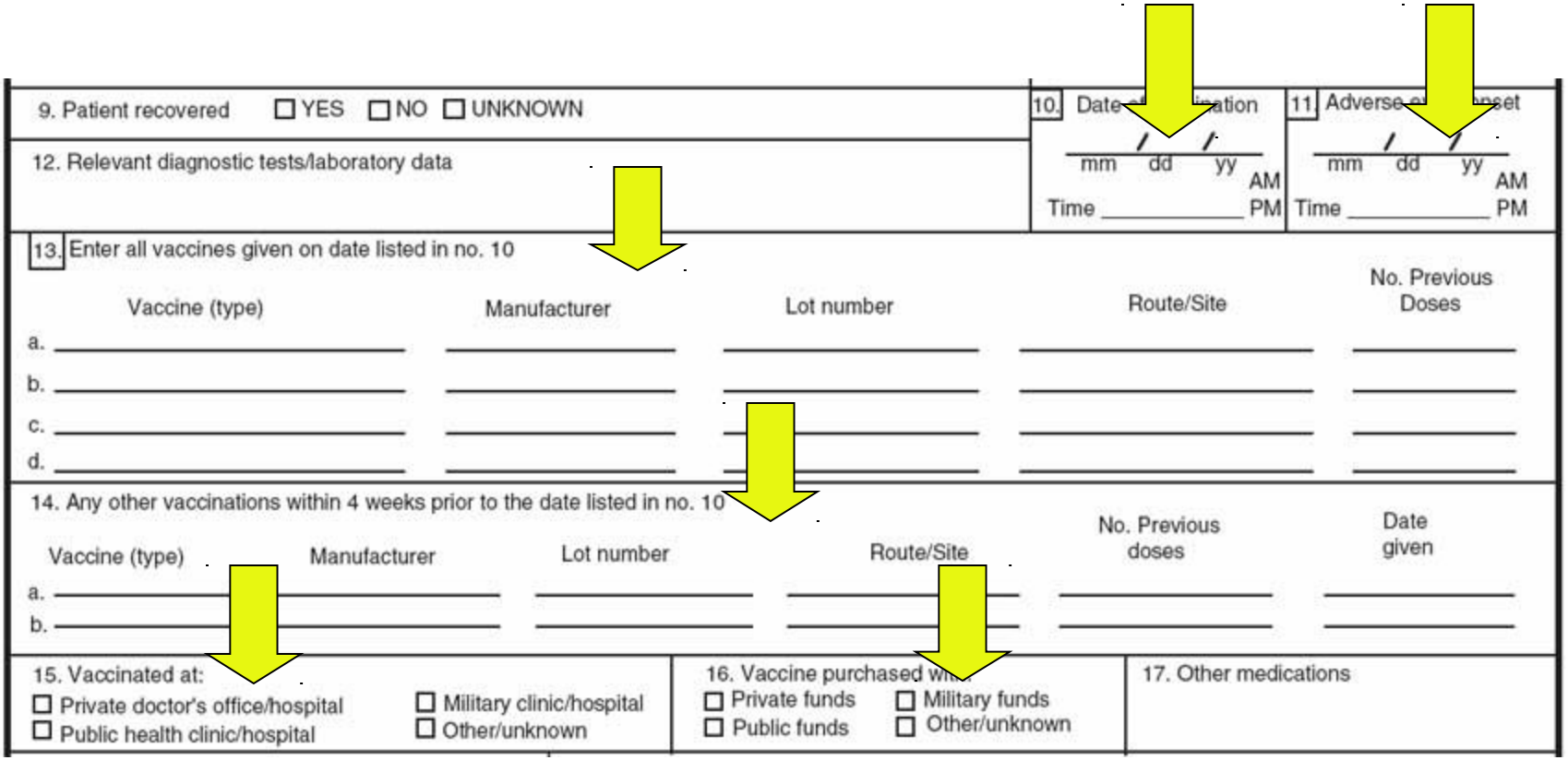
7. Describe adverse events(s) (symptoms, signs, time course) and treatment, if any

8. Check all appropriate:
☐ Patient died (date mm / dd / yy)
☐ Life threatening illness
☐ Required emergency room/doctor visit
☐ Required hospitalization (_____days)
☐ Resulted in prolongation of hospitalization
☐ Resulted in permanent disability
☐ None of the above

Fill out what you know, but leave room for MD comments here

Handling of Adverse Events

www.vaers.hhs.gov/pdf/vaers_form.pdf



9. Patient recovered ☐ YES ☐ NO ☐ UNKNOWN

10. Date [illegible]ation
mm / dd / yy
Time _____ AM PM

11. Adverse [illegible]set
mm / dd / yy
Time _____ AM PM

12. Relevant diagnostic tests/laboratory data

13. Enter all vaccines given on date listed in no. 10

	Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous Doses
a.					
b.					
c.					
d.					

14. Any other vaccinations within 4 weeks prior to the date listed in no. 10

	Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous doses	Date given
a.						
b.						

15. Vaccinated at:
☐ Private doctor's office/hospital
☐ Public health clinic/hospital
☐ Military clinic/hospital
☐ Other/unknown

16. Vaccine purchased with
☐ Private funds
☐ Public funds
☐ Military funds
☐ Other/unknown

17. Other medications

Handling of Adverse Events

www.vaers.hhs.gov/pdf/vaers_form.pdf

From patient interview and medical records

From medical record

18. [illegible]me of vaccination (specify)	19. Pre-existing p[illegible] conditions (specify)
20. Have y[illegible]d this adver[illegible] previously? ☐ No ☐ To health department ☐ To doctor ☐ To manufacturer	*Only for children 5 and under* *22. Birth weight* _____ lb. _____ oz. *23. No. of brothers and sisters*
21. Adverse event foll[illegible] vaccination (check all applicable, specify) Adverse Event / [illegible]set / Type Vaccine / Dose no. in series ☐ In patient _____ _____ _____ _____ ☐ In brother or sister _____ _____ _____ _____	*Only for reports submitted by manufacturer/immunization project* *24. Mfr./imm. proj. report no.* *25. Date received by mfr./imm.proj.* *26. 15 day report?* ☐ Yes ☐ No *27. Report type* ☐ Initial ☐ Follow-Up
Health care providers and manufacturers are req[illegible] (42 USC 300aa-25) to report reactions to vaccines listed in the Table of Reportable Events Following Immunization. Reports for reactions to other vaccines [illegible] except when required as a condition of immunization grant awards.	

Form VAERS-1 (FDA)

Immunization Record Keeping (Std #5)

- Immunizations recorded accurately (all fields) in electronic tracking system that communicates with centralized DoD registry
- Records updated at time of immunization
- Mechanisms in place to notify patient when the next dose of a series is needed (card, email)
- Mechanisms in place to notify patients if they are overdue for immunization (recall system)
- Reminder and recall systems can be automated or manual and may include mailed, e-mailed, or telephone messages

Immunization Record Keeping

Read/write access application forms:

MEDPROS

http://www.mods.army.mil/access.html

AFCITA

https://www.asims.brooks.af.mil/

SAMS

https://207.87.24.43/tmds/external/accountregistration.do

MRRS

http://ramis.cnrf.navy.mil/mrrs/

MRS

Call 202-267-2056

Electronic Immunization Record

AFCITA record from ILC course

IMMUNIZATION HISTORY: 22404712420 CMS PATIENT ANOTHER

Immunization	Date	Series	Result	Mfg	Lot Nbr	Exempt	Expires	Last Edit	AFCHIPS	MTF Code	Route
Cholera	1 Sep 1983							16 Nov 2000	13 Feb 2001	TRAN	
Hep A (Adult)	20 Jun 1996	1						7 Nov 2000	31 Jan 2001	160295	
Hep A (Adult)	12 Jul 1997	2						7 Nov 2000	31 Jan 2001	160295	
Hep B - Adult	1 Sep 1994	1						7 Nov 2000	31 Jan 2001	160295	
Hep B - Adult	1 Oct 1994	2						7 Nov 2000	31 Jan 2001	160295	
Hep B - Adult	2 Feb 1997	3						7 Nov 2000	31 Jan 2001	160295	
Influenza	1 Nov 1997							16 Nov 2000	31 Jan 2001	TRAN	
Influenza	15 Oct 1998			WAL	4988247			16 Nov 2000	31 Jan 2001	TRAN	
Influenza	7 Nov 1999							16 Nov 2000	29 Dec 2000	TRAN	
Influenza	8 Dec 2000	1		EVN	E59940GA			8 Dec 2000	29 Dec 2000	160295	
Influenza	29 Oct 2001	1						27 Nov 2001	27 Nov 2001	ANDR	
Influenza	3 Nov 2003	1		PWJ	765753			3 Nov 2003	10 Nov 2003	ANGR	IM
Influenza, live, intrana	26 Jan 2005	1		MED	500356P			26 Jan 2005	3 Feb 2005	ANGR	IN
MMR	15 Jun 1978	1						15 Feb 2000	18 Apr 2001	G192	
MMR	1 Jun 1982	1						7 Nov 2000	13 Feb 2001	160295	
OPV	1 Jul 1982	1						7 Nov 2000	13 Feb 2001	160295	
Plague	1 Sep 1983	1						16 Nov 2000	13 Feb 2001	TRAN	
Smallpox	21 Oct 2005	1	M	WAL	4020071			21 Oct 2005		ANGR	SCAR
Td	1 Sep 1993							16 Nov 2000	31 Jan 2001	TRAN	
Td	10 Sep 1993	1						7 Nov 2000	31 Jan 2001	160295	
Td	30 Oct 2003	1		PMC	U1000AA			30 Oct 2003	30 Oct 2003	ANDR	IM
Typhoid - Oral	1 Mar 1998							16 Nov 2000	29 Dec 2000	TRAN	
Typhoid, Vi	3 Dec 2003	1		PMC	U1073-1			3 Dec 2003	10 Dec 2003	ANGR	
Yellow Fever	1 Sep 1993							16 Nov 2000	31 Jan 2001	TRAN	

AFCITA: Air Force Complete Immunization Tracking Application

Electronic Immunization Record

SAMS: SNAP Automated Medical System

Individual Immunization History Report

Report Date: 22-DEC-2003

The information presented to you on this page is subject to the Privacy Act of 1974

Name: Rank:
SSN: Unit:

Immunization History

Immunization/ Exception	Immunization Type	Dose #	Admin Date	Next Due Date	Location Code
Immunization	Anthrax	1	11-FEB-1999	25-FEB-1999	55211
Immunization	Anthrax	2	24-FEB-1999	11-MAR-1999	55211
Immunization	Anthrax	3	19-MAR-1999	19-AUG-1999	55211
Immunization	Anthrax	4	23-AUG-1999	25-FEB-2000	N20001
Immunization	Anthrax	5	04-FEB-2003	09-AUG-2003	N20001
Immunization	Anthrax	6	19-AUG-2003	18-AUG-2004	N20001
Immunization	Hep A Adult	1	08-MAY-1997	None	55211
Immunization	Hep A Adult	2	30-SEP-1997	30-SEP-1997	00183
Immunization	Hep B Adult	1	16-JUL-1996	15-AUG-1996	N20001
Immunization	Hep B Adult	2	13-AUG-1996	10-JAN-1997	N20001
Immunization	Hep B Adult	3	05-MAR-1997	None	55211

Electronic Immunization Record

MEDPROS – Medical Protection Syste

** Immunization Summary Record **

Immunizations	IMM DATE	IMM Next Due	Shot Number or Reaction	Exception	Exception Expiration
ADENOVIRUS, TYPE 4	1/24/1992	SC			
ADENOVIRUS, TYPE 7	1/24/1992	SC			
*HEP B, ADULT	8/29/1998	1/26/1999	02		
HEP A, ADULT	3/10/2003	SC			
*INFLUENZA SPLIT	10/15/2003	9/1/2004	01		
RESPIRATORY SYNCYTIAL VIRUS	1/24/1992	SC			
MENINGOCOCCAL	3/10/2003	3/8/2008	02		
POLIO, IPV	3/10/2003	SC			
RUBELLA	1/24/1992	SC			
SMALLPOX	3/10/2003	3/7/2013	NONE		
TETANUS AND DIPHTHERIA, ADULT	1/8/2001	1/6/2011	01		
*TYPHOID, ViCPs	6/2/2002	6/1/2004	01		

Immunization Record Keeping

Electronic (ITS) and paper documentation:

- **Date vaccination given**
- **Name, rank, SSN of prescriber**
- **Vaccinator**
- **Manufacturer**
- **Vaccine name or code**
- **Lot #, volume of the dose given**
- **Route, anatomic site**
- **Name, rank, UIC, SSN of vaccinee**
- **VIS version date**

Immunization Record Keeping

- Use only approved abbreviations for vaccines

  CDC Vaccine Identification Standard Initiative (VISI) – (next slide)
- Document dates in dd/mmm/yyyy format

  14 June 1994 or 14 Jun 94
- When copying official records, include this statement: **“transcribed from official records"** and the initials of the transcriber.

Immunization Record Keeping

Immunization abbreviations

Do Not Try To Memorize

VISI code (examples):	**MEDPROS code (examples):**
ANT	ANT
HAV	HPA, HPO
HBV	HB3, HB5
INF	INI, INO
JEN	ENC
MMR	MMR
MEN	MEO, MCV, MEN
POL (IPV, OPV)	POL, IPV
SMA	SPX
Td, TT, DTP, Tdap*	TDA, TDP
TPD	TYO, TYF, TYV
VAR	VAR
YEL	YEL

www.cdc.gov/nip/visi/prototypes/vaxabbrev.htm

Immunization Record Keeping

Questions?

Training Records

Initial Competency Based Orientation (CBO/OJT) training will assess competencies in the following areas:

- Infection-control measures
- Patient screening
- Patient education
- Adult and/or childhood immunization schedule
- Proper technique for IM, SC, ID, intra-nasal and scarification
- Reconstitution of vaccines (esp. smallpox)
- Smallpox Vaccination Standard Training completed (if applicable)
- Storage, handling and disposal of vaccines
- Special considerations (smallpox take check after 6-8 days, Japanese encephalitis – delayed reactions for up to 10 days)
- Electronic and paper documentation
- Management of adverse events per protocols
- Emergency equipment check
- VAERS reporting

Training Records

- Vaccines · Diseases
- Resource Center
- Education Toolkit
- Adverse Events
- Imz University
  - Imz Leaders Course
  - Anthrax & Smallpox On-line Training
  - Project Immune Readiness
  - Clinic Quality Improvement Program
  - Personal Competency Assessment File
  - CE Credit
  - Crossword Puzzle

What is the Personal Competency Assessment File (CAF)?

A CAF is used as a repository for information related to individual competence for all non-privileged healthcare personnel with patient contact and is a great way to keep track of training completed specific to their duty position. Maintaining CAF's for all healthcare individuals facilitates documentation of the training portion required in the soon to be released joint directive on Immunizations and Chemoprophylaxis (AR 40-562, AFJI 48-110, BUMEDINST 6230.50, CG COMDTINST M6230.4F). Army Regulation 40-68, Clinical Quality Management (AFI 44-119, AFI 36-2201v3, NAVMEDCENSDIEGO 1872) describes who should have a Competency Assessment File (CAF), what a CAF contains and how to organize the file itself. MILVAX is incorporating examples of the CAF and its contents as part of the Immunization University.

Why should a CAF be used?

JCAHO requires that an annual report elaborate on the levels of competency for all Medical Treatment Facility (MTF) staff.

Army, Air Force and Navy all have regulations requiring competency assessment for all medical professionals and paraprofessionals. Each MTF and support clinic will have in place a mechanism to assess the competence of staff and to identify training needs in accordance with service regulations related to clinical quality management.

The CAF is utilized throughout an individual's assignment or employment. It is hand carried by non-privileged professional (military/civilian) from one place of duty to the next. Privileged healthcare provider's credentials are maintained in either the provider credentialing file (PCF) or provider activity file (PAF) and will be electronically transferred from one facility to the next.

When should the CAF be used and updated?

Competencies will be assessed for para-professionals upon arrival at an MTF and annually thereafter, keeping in mind that all licenses and certifications should be up to date at all times.

How can I download the Personal Competency Assessment File & Instructions?

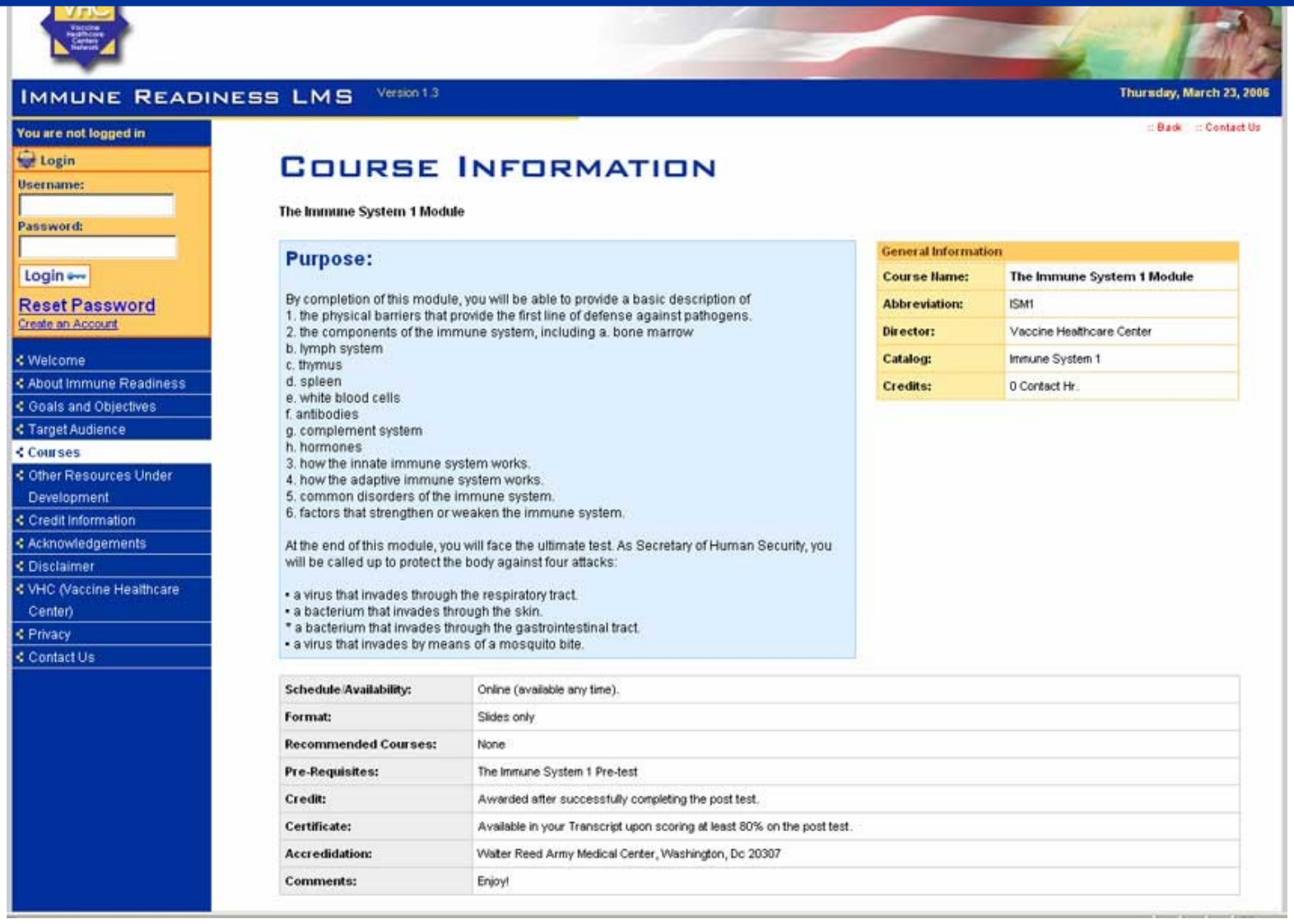
-- P-CAF Instructions 15 Aug 05

-- CAF 6-sided Folder Coversheets 15 Aug 05

Examples: Competency Assessment Files

Project Immune Readiness - Online Training

https://www.projectimmunereadiness.amedd.army.m


IMMUNE READINESS LMS
Version 1.3
Thursday, March 23, 2006
You are not logged in
Login
Username:
Password:
Login
Reset Password
Create an Account
Welcome
About Immune Readiness
Goals and Objectives
Target Audience
Courses
Other Resources Under Development
Credit Information
Acknowledgements
Disclaimer
VHC (Vaccine Healthcare Center)
Privacy
Contact Us
:: Back :: Contact Us
COURSE INFORMATION
The Immune System 1 Module
Purpose:
By completion of this module, you will be able to provide a basic description of
1. the physical barriers that provide the first line of defense against pathogens.
2. the components of the immune system, including a. bone marrow
b. lymph system
c. thymus
d. spleen
e. white blood cells
f. antibodies
g. complement system
h. hormones
3. how the innate immune system works.
4. how the adaptive immune system works.
5. common disorders of the immune system.
6. factors that strengthen or weaken the immune system.
At the end of this module, you will face the ultimate test. As Secretary of Human Security, you will be called up to protect the body against four attacks:
• a virus that invades through the respiratory tract.
• a bacterium that invades through the skin.
• a bacterium that invades through the gastrointestinal tract.
• a virus that invades by means of a mosquito bite.
General Information
Course Name: The Immune System 1 Module
Abbreviation: ISM1
Director: Vaccine Healthcare Center
Catalog: Immune System 1
Credits: 0 Contact Hr.
Schedule/Availability: Online (available any time).
Format: Slides only
Recommended Courses: None
Pre-Requisites: The Immune System 1 Pre-test
Credit: Awarded after successfully completing the post test.
Certificate: Available in your Transcript upon scoring at least 80% on the post test.
Accredidation: Walter Reed Army Medical Center, Washington, Dc 20307
Comments: Enjoy!

Tri-Service Immunology/Allergy Specialty Course

MISSION

To develop professional and competent technicians and nurses to provide comprehensive immunization and allergy services.

- The only formal in-resident training program for nursing personnel since 1973.
- Accredited by the Academy of Health Sciences, Fort Sam Houston, TX.
- Only 12 students per class to provide individualized attention.
- Eight classes a year each 5 weeks long.
- CEUs (continuing education units) awarded for hours completed
- 2 weeks of lectures and labs and 3 weeks of clinic training.

DoD Smallpox Vaccination Training
Dod.digiscript.com

Sample Competency

INITIAL COMPETENCY ASSESSMENT

Andrew Rader U.S. Army Health Clinic, Fort Myer, VA: FluMist Administration

Patient Population Served: ☐ School Age (9-12) ☐ Adolescents (13-17) ☐ Adults (18-49)

Employee Name: _____ Assessment Start Date: _____ Completion Date: _____

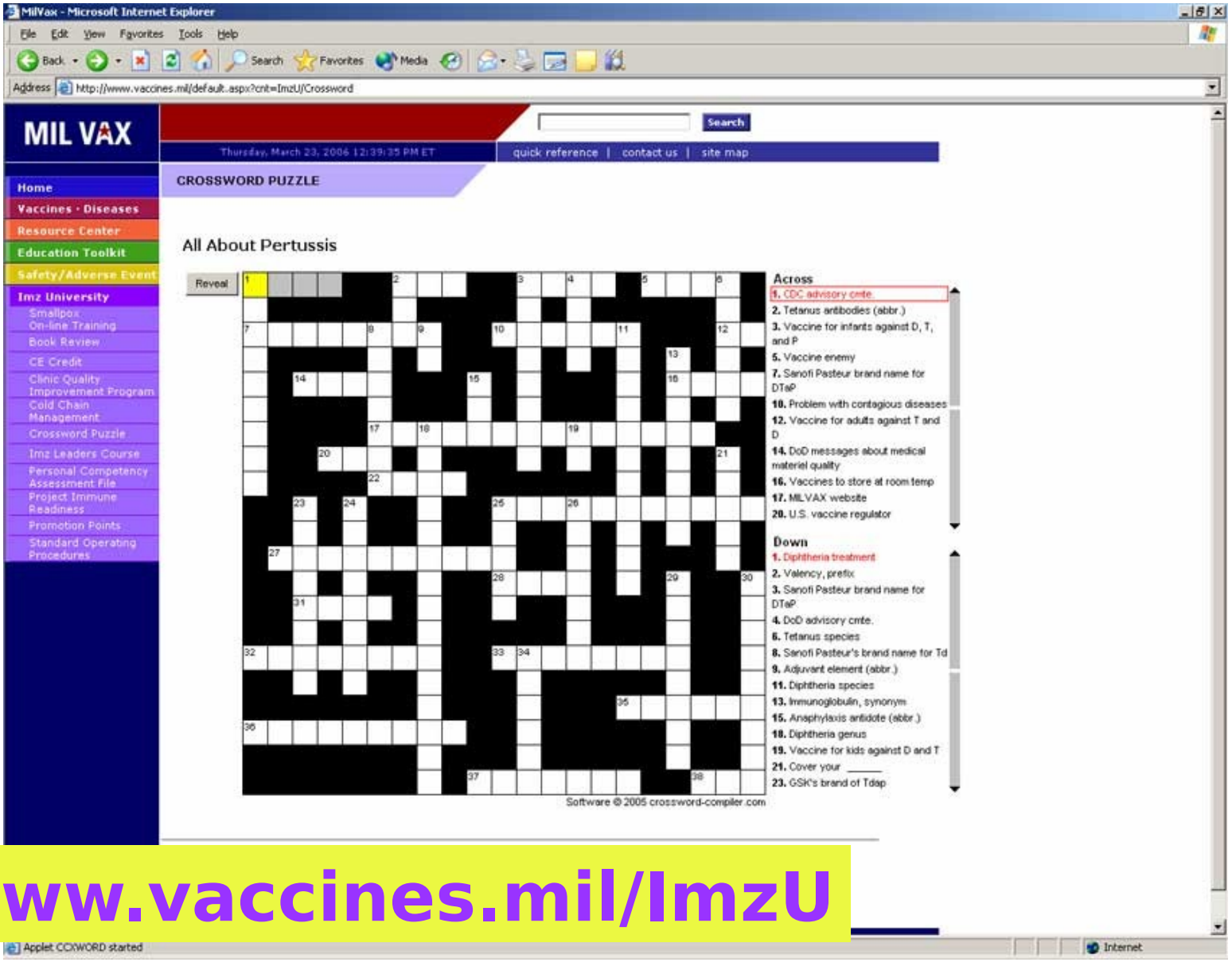
Required Competency or Skill	* Self Assess	Orientation (Preceptor initials & date)	+ Eval Method	Competency Validated by Supervisor (Signature & date)	Comments/Additional Resources
Patient Care Procedures for LPNs and RNs	CRITICAL THINKING: *Recognizes unique needs of patients of age groups 9-49 and performs FluMist administration accordingly. Gathers age and diagnosis appropriate supplies and equipment. Explains all procedures in an age appropriate manner according to the level of understanding of the child and the parent/guardian. Approaches child in non-threatening manner and comforts at completion.*				
A. Understands the actions, implications, precautions and age groups for administration of FluMist:					
(1) Information sheet read and signed					
(2) Clinic policy regarding children under age 18 must be accompanied by parent or legal guardian					
(3) Familiarity with CDC FluMist handout and MedImmune medication information					
(4) Provides patient VIS (Vaccination Information Statement) sheet to read					
(5) Documentation of Lot Number					
(6) Viewed MedImmune administration video					
B. Understands importance of the care and handling of FluMist Live virus					
(1) Must keep frozen until use					
(2) Must be used within 60 hours (refrigerated)					
(3) May be defrosted by holding in palm of hand and supporting plunger					
(4) Gloves and washes hands between each procedure					
C. Demonstrates proper technique for administration of FluMist					
(1) Remove rubber tip protector					
(2) Patients sits upright, head back, tip inside nostril , depress plunger					
(3) Pinch and remove dose divider clip					
(4) Insert remaining FluMist into other nostril and depress					
(5) See back for diagrams/pictures					
D. Demonstrates ability to recognize signs and symptoms and react to a patient experiencing an anaphylactic reaction					
(1) Positions patient on a litter in treatment room					
(2) Monitors vital signs					
(3) Assesses breathing					
(4) Calls for assistance and administers epinephrine					

* Self Assessment:
1 = Experience
2 = Needs Practice/Assistance
3 = Never Done
NA = Not Applicable

+ Evaluation/Validation Methodologies:
T = Tests
D = Demonstration/Observation
V = Verbal
I = Interactive Class

Clinical Skills Reference:
The Lippincott Manual of Nursing Practice
Lippincott-Raven Publishers
Sixth Edition , 1999

Training



www.vaccines.mil/ImzU

Training

Ongoing training may include the following:

-Maintaining the cold chain

-Ordering vaccine, stock rotation

-Review package inserts, indications, contraindications

-How to respond to medical emergencies

-Smallpox Vaccination Standard Training (review), reconstitution, % take rate

-Review of SOPs, standing orders

-Review Installation WMD Response Plan (understand your role)

Vaccine Advocacy (Std #8)

www.immunize.org/stories

Vaccine Advocacy

- Educate beneficiaries through posters, radio clips, website postings, flyers and face-to-face
- Screen medical records periodically and during routine visits for needed immunizations
- Target diabetics, people with heart & lung disease, for influenza and pneumococcal vaccines
- Offer vaccinations during routine visits, catch-up visits, and mass vaccination clinics (every fall during influenza clinics)

Vaccine Advocacy (Std #8)

The updated immunization regulation/instruction-

- MTFs and commands will conduct periodic reviews of immunization practices to ensure compliance with current standards of care and documentation...

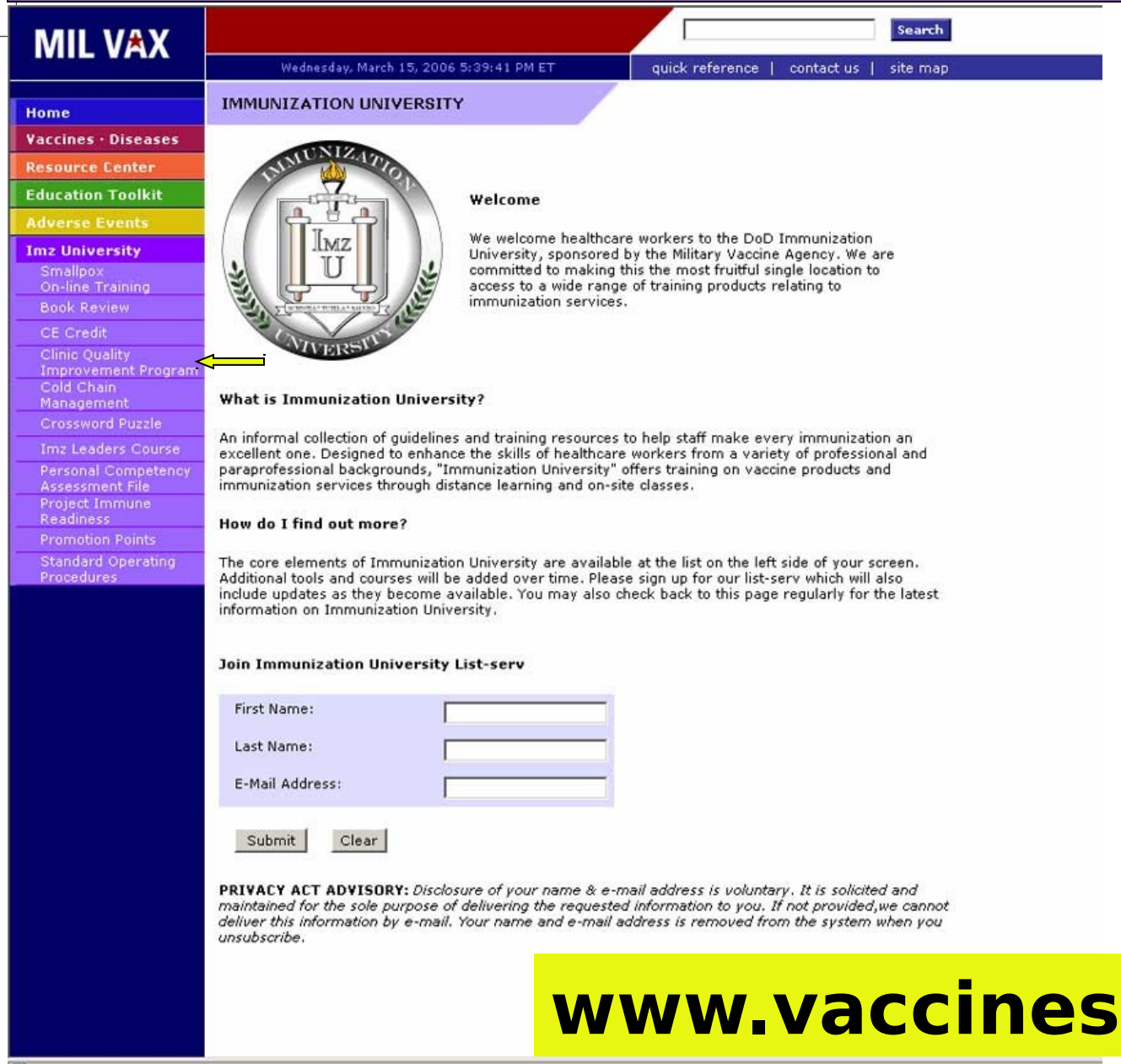
Immunization Standards

1. Immunization availability
2. Information and education before immunization
3. Vaccine storage and handling
4. Indications and contraindications to immunization
5. Immunization record keeping
6. Training
7. Adverse events after immunization
8. Vaccine advocacy to protect military family

Addressing Immunization Standards

	Clinic Self-Assessment Program				
	date:				
#	**Topic**	**Response**		**Comment**	**Tools, References, Resources**
1	**Immunization Availability**				
	What are your usual hours of operation? Which days of the week				
2	**Information and Education**				
a.	Show me the VISs you give to troops and beneficiaries.		a	If clinic personnel cannot show you these forms, it indicates need to either gather them or educate staff member on where the forms are located. Forms can be photocopied for distribution or laminated and placed on bulletin board.	http://www.cdc.gov/nip/publications/VIS/default.htm
3	**Storage and Handling**				
i.	What does your SOP say about Mass vaccination? What does it say about pre-drawing of vaccines into syringes and storage during the vaccination process?		i	Pre-drawing is not prefered, but can be done if certain conditions are met	http://www.usamma.army.mil/anthrax/info.htm
4	**Indications and contraindications to immunization**				
a.	What questions do you ask people before vaccinating them?		a	How do you feel today? Have you had prior adverse reactions to vaccinations? Allergies? Could you be pregnant? Etc.	http://www.immunize.org/catg.d/p4065scr.htm http://www.immunize.org/catg.d/4036need.htm

Immunization University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Education Toolkit
Adverse Events
Imz University
Smallpox On-line Training
Book Review
CE Credit
Clinic Quality Improvement Program
Cold Chain Management
Crossword Puzzle
Imz Leaders Course
Personal Competency Assessment File
Project Immune Readiness
Promotion Points
Standard Operating Procedures
IMMUNIZATION UNIVERSITY
IMMUNIZATION
IMZ U
UNIVERSITY
Welcome
We welcome healthcare workers to the DoD Immunization University, sponsored by the Military Vaccine Agency. We are committed to making this the most fruitful single location to access to a wide range of training products relating to immunization services.
What is Immunization University?
An informal collection of guidelines and training resources to help staff make every immunization an excellent one. Designed to enhance the skills of healthcare workers from a variety of professional and paraprofessional backgrounds, "Immunization University" offers training on vaccine products and immunization services through distance learning and on-site classes.
How do I find out more?
The core elements of Immunization University are available at the list on the left side of your screen. Additional tools and courses will be added over time. Please sign up for our list-serv which will also include updates as they become available. You may also check back to this page regularly for the latest information on Immunization University.
Join Immunization University List-serv
First Name:
Last Name:
E-Mail Address:
Submit
Clear
PRIVACY ACT ADVISORY: Disclosure of your name & e-mail address is voluntary. It is solicited and maintained for the sole purpose of delivering the requested information to you. If not provided,we cannot deliver this information by e-mail. Your name and e-mail address is removed from the system when you unsubscribe.

www.vaccines.mil/Imz

Promotion Points

- **Complete all Project Immune Readiness Modules**
- **Print out and copy certificate**
- **Send copy of certificate to service specific evaluating authority**
- **Detailed instructions available at MILVAX website**

MIL VAX
Search
Thursday, March 23, 2006 2:29:04 PM ET
quick reference | contact us | site map
Home
Vaccines · Diseases
Resource Center
Education Toolkit
Safety/Adverse Event
Imz University
Smallpox On-line Training
Book Review
CE Credit
Clinic Quality Improvement Program
Chain Management
Crossword Puzzle
Imz Leaders Course
Personal Competency Assessment File
Project Immune Readiness
Promotion Points
Standard Operating Procedures
PROMOTION POINTS
Army - Promotion Points and Evaluations
The Military Vaccine Agency (MILVAX) and the Vaccine Health Care Center (VHC) are working with Human Resources Command (HRC) to award soldiers promotion point credit for completing all modules of Project Immune Readiness. US Army (Active, Reserve, and Guard) enlisted personnel should complete the modules in the course, make copies of all completion certificates, and present them to the Personnel Service Branch (PSB) Promotions section for evaluation. One promotion point should be awarded for each five credit hours of computer-based training completed. To determine the total promotion points, add credit hours completed and then divide by five, the result is the number of promotion points to be awarded. For further information, please refer to Enlisted Promotions and Reductions, AR 600-8-19, para. 3-49.
Additionally, Army Noncommissioned Officers may elect to use completion of Project Immune Readiness mod
justification for "success" or "excellence" bullets on the NCO Evaluation Report, DA Form 2166-8. The No
Officer Evaluation Reporting System regulation, AR 623-205, is the governing publication for this for
Air Force - Promotion Credit
US Air Force (Active, Reserve, and Guard) enlisted personnel should make c present them
for input into their Personal Information File. The Enlisted Evaluation Sy ir Force's most
precious resource- people. It is your responsibility, along with your ur strengths,
weaknesses, and mission contribution. Completion certificates n be used as bullet
statements for feedback, EPR, and award boards. For furth cer and Enlisted Evaluation
Systems, AFI 36-2406, and Military Evaluations, AFPD
Navy, Marine Corps, Coast Guard - Ad
US Navy, Marine Corps, and C nlisted personnel should make copies of completion
certificates and present th r (person completing Evals, Pros & Cons, or Employee Reviews)
for input towards adv proving specialty knowledge, completion of the modules
demonstrates ini onal development.
For further infor
Navy personnel p Navy Performance Evaluation System Manual, BUPERSINST 1610.10A (20 SEP 05).
Marine Corps perso please refer to the Marine Corps Individual Records Administration Manual, MCO P1070.12K, and the Marine Corps Promotion Manual, Volume 2, Enlisted Promotions, MCO P1400.32C, regarding Self-Education Bonus Points for your composite score.
Coast Guard personnel please refer to Section 10-B, Personnel Manual, COMDTINST M1000.6 (Series), the Training and Education Manual, COMDTINST M1500.10 (Series), the Enlisted Performance Qualifications Manual, COMDTINST M1414.8 (Series), and the Enlisted Professional Military Education Manual, COMDTINST M1510.2.
www.vaccines.mil/Imz
Last Updated 21 Mar 06
AVIP
SVP
Security Notice and Link Disclaimer

Additional Resources

Military Vaccine Agency… 1-888-GETVACC

Email: Vaccines@otsg.amedd.army.mil

DOD Vaccine Clinical Call Center… 24/7…

1-866-210-6469

Vaccine Healthcare Centers (VHC)…

www.vhcinfo.org/vhcnet_contact.htm

National Immunization Program

www.cdc.gov/nip/default.htm, nipinfo@cdc.gov

CDC… 1-800-CDC-INFO

Email: cdcinfo@cdc.gov

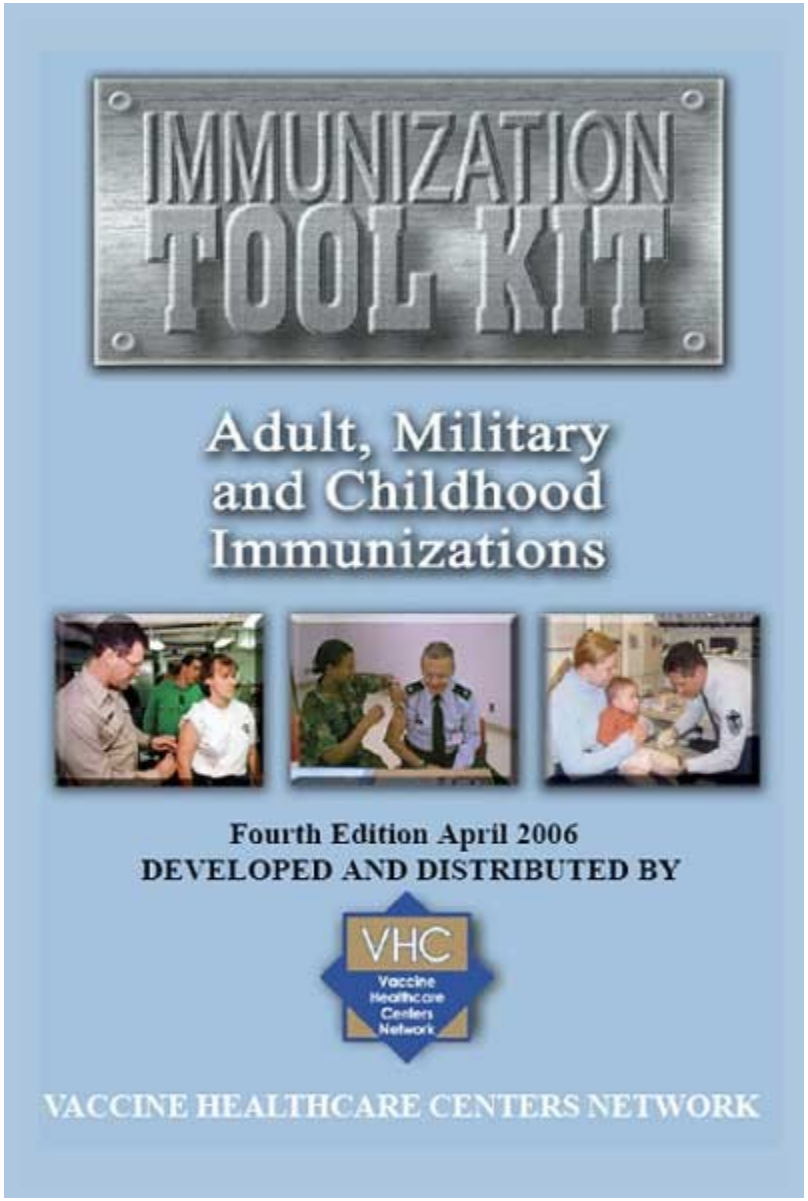
Additional Resources

To order your own

Immunization Tool Kit: A Pocket Guide to Immunizations

Go to :

http://www.vhcinfo.org/vhcnet_contact.htm



Course Evaluation

This concludes this block of instruction.

Thanks for training with us!